DESERT HEALTHCARE
DISTRICT & FOUNDATION

DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
April 26, 2022
6:30 P.M.

Immediately Following the Adjournment of the Desert Healthcare District Board Meeting

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 #21-04 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/84268562101?pwd=dTRsSlNFZlEwRlhJaGpZMUpoSzFDUT09
Password: 186384
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: 842 6856 2101
Password: 186384

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 04/26.

Page(s)	*AGENDA*	*Item Type*
	Any item on the agenda may result in Board Action	
	A. CALL TO ORDER – President Borja Roll Call Director Zavala____Director De Lara____Director Zendle, MD____ Director Rogers, RN____Director Shorr____ Vice-President/Secretary PerezGil____President Borja	
1-3	**B. APPROVAL OF AGENDA**	**Action**
	C. PUBLIC COMMENT At this time, comments from the audience may be made on items *not* listed on the agenda that are of public interest and within the subject-matter jurisdiction of the Foundation. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	

DESERT HEALTHCARE
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	D.	**CONSENT AGENDA**	
		All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	**Action**
		1. BOARD MINUTES	
4-7		a. Board of Directors Meeting – March 22, 2022	
		2. FINANCIALS	
8-17		a. Approval of the March 2022 Financial Statements – F&A Approved April 12, 2022	
		3. RESOLUTIONS	
18-20		a. Subsequent Emergency Resolution #22-09 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	
	E.	**HOMELESSNESS INITIATIVE**	
21-29		a. Coachella Valley Association of Governments (CVAG) CV Housing First ($500K contribution) Presentation by Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez	Information
	F.	**DESERT HEALTHCARE DISRICT CEO REPORT** – Conrado E. Bárzaga, MD, Chief Executive Officer	
30-47		1. Consideration to Approve Alianza's Proposal in Response to the Request for Qualifications (RFQ) – South Coast Air Quality Management District (SCAQMD) – Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley – Goal #6: Strategic Goal Priority 6.1	**Action**
48-77		2. Consideration to Approve Riverside University Health Systems (RUHS) $750,000 Contract Amendment Contingent on Legal Counsel's Review	**Action**
78-92		3. Inland Empire Healthcare (IEHP) ConnectIE Service Agreement Update	**Action**
93-94		4. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distr9ibution	Information
95		5. Expanding the District's Role of the Coachella Valley Equity Collaborative (CVEC) Beyond the COVID-19 Response	Information
96-99		a. California Consulting Services Agreement – Expanding Opportunities to Continue the CVEC to Advance an Equity Framework and to Improve Access to Healthcare	

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G. COMMITTEE MEETINGS

1. FINANCE, LEGAL, ADMINISTRATION, & REAL ESTATE COMMITTEE – Chair/Treasurer Arthur Shorr, President Karen Borja, and Director Les Zendle, MD

100-101	1. Draft Meeting Minutes – April 12, 2022	Information

2. PROGRAM COMMITTEE – Chair/Vice-President/Secretary Evett PerezGil, President Karen Borja, and Director Carmina Zavala

102-106	1. Draft Meeting Minutes – April 12, 2022	Information
107-108	2. Grant Payment Schedule	Information
	3. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley	Information
109-118	a. Access to Healthcare – Borrego Health Foundation Monthly Report	

119-128	**H. BEHAVIORAL HEALTH INITIATIVE**	
	1. Behavioral Health Initiative (BHI) Request for Proposals – Improving Access to Behavioral Health Education and Prevention Services for Children (0-18 years) and Their Families NTE $500K/2 years	Information
	2. Health Career Connection Summer 2022 Intern	Information

I. ADJOURNMENT

DESERT HEALTHCARE
DISTRICT & FOUNDATION

DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
March 22, 2022

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

AGENDA ITEMS	ISCUSSION	ACTION
A. Call to Order **Roll Call**	President Borja called the meeting to order at 6:43 p.m. The Clerk of the Board called the roll with all Directors' present.	
B. Approval of Agenda	President Borja asked for a motion to approve the agenda.	**#19-19 MOTION WAS MADE by Director Zendle seconded by Director De Lara to approve the agenda.** **Motion passed unanimously.** **AYES – 7 President Borja, Vice-President/Secretary PerezGil, Director Shorr, Director Rogers, Director Zendle, Director De Lara, and Director Zavala** **NOES – 0** **ABSENT – 0**
C. Public Comment	There were no public comments.	
D. Consent Agenda		

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DESERT HEALTHCARE
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DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
March 22, 2022

1. BOARD MINUTES **a. Board of Directors Meeting – February 22, 2022** **2. FINANCIALS** **a. Approval of the February 2022 Financial Statements – F&A Approved March 08, 2022** **3. RESOLUTIONS** **a. Subsequent Emergency Resolution #22-07 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings**	President Borja asked for a motion to approve the consent agenda.	**#19-20 MOTION WAS MADE by Director Zendle seconded by Director De Lara to approve the consent agenda.** **Motion passed unanimously.** **AYES – 7 President Borja, Vice-President/Secretary PerezGil, Director Shorr, Director Rogers, Director Zendle, Director De Lara, and Director Zavala** **NOES – 0** **ABSENT – 0**
E. Desert Healthcare Foundation CEO Report **1. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution**	Alejandro Espinoza, Chief of Community Engagement, provided an overview of testing and vaccination clinics, with a decline for both. The events within the school districts are successful, and partnerships are averaging 30-75 students and residents with upcoming phone banking to contact individuals that have not received a booster shot. Dr. Bárzaga explained that additional funding from Riverside University Health Systems (RUHS) is not sufficient for further efforts, explaining the importance of the collaborative and partnerships with a profound reach to	

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2. **Request for Qualifications (RFQ) Process and Timeline – South Coast Air Quality Management District (SCAQMD) – Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley – Goal #6 - Strategic Goal Priority 6.1**	communities with limited access to healthcare. Alejandro Espinoza, Chief of Community Engagement, provided background on the SCAQMD collaborative project and $200k funding to provide resources and training to improve environmental literacy and air quality data, further describing the Request for Qualification (RFQ) and the $27k matching funds allocated from the Avery Trust.	
F.1. F&A Committee 1. **Draft Meeting Minutes – March 08, 2022**	President Borja inquired with the board concerning any questions related to the March F&A Committee meeting minutes.	
F.2. Program Committee 1. **Draft Meeting Minutes – March 08, 2022** 2. **Grant Payment Schedules** 3. **Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley – Update** a. **One Future Coachella Valley Scholarship Fund**	President Borja inquired with the board concerning any questions related to the March Program Committee meeting minutes.	

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b. Access to Healthcare – Borrego Health Foundation		
G. Behavioral Health Initiative Update	Jana Trew, Senior Program Officer, Behavioral Health, provided an overview of the most recent behavioral health initiative updates with the Coachella Valley school district superintendents and planning with the steering committee.	
I. Adjournment	President Borja adjourned the meeting at 7:05 p.m. in the memory of Richard "Dick" Gundry.	***Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents***

ATTEST: _____
Evett PerezGil, Vice-President/Secretary
Desert Healthcare District Board of Directors

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

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DESERT HEALTHCARE FOUNDATION					
MARCH 2022 FINANCIAL STATEMENTS					
INDEX					
Statement of Operations					
Balance sheet					
Allocation of Restricted Funds					
Deposit Detail					
Check Register					
Credit Card Expenditures					
Schedule of Grants					

Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
July 2021 through March 2022

	MONTH			TOTAL		
	Mar 22	Budget	$ Over Budget	Jul '21 - Mar 22	Budget	$ Over Budget
Income						
4000 · Gifts and Contributions	6,092	4,167	1,925	68,672	37,503	31,169
4003 · Grants	0	137,500	(137,500)	0	1,237,500	(1,237,500)
4116 · Bequests - Frederick Lowe	163	5,000	(4,837)	45,764	45,000	764
4130 · Misc. Income	0	83	(83)	0	747	(747)
8015 · Investment Interest Income	10,618	12,500	(1,882)	110,107	112,500	(2,393)
8040 · Restr. Unrealized Gain/(Loss)	14,771	10,417	4,354	(119,503)	93,753	(213,256)
Total Income	31,644	169,667	(138,023)	105,040	1,527,003	(1,421,963)
Expense						
5001 · Accounting Services Expense	958	958	0	8,622	8,622	0
5035 · Dues & Memberships Expense	0	42	(42)	25	378	(353)
5057 · Investment Fees Expense	3,808	4,167	(359)	39,815	37,503	2,312
5065 · Legal Costs Ongoing Expense	0	83	(83)	0	747	(747)
5101 · DHCD-Exp Alloc Wages& benefits	14,393	15,073	(680)	128,356	135,657	(7,301)
5102 · DHCD-Expenses - COVID CARES	32,328	33,634	(1,306)	137,840	302,706	(164,866)
5106 · Marketing & Communications	26	3,958	(3,932)	302	35,622	(35,320)
5110 · Other Expenses	489	417	72	3,582	3,753	(171)
5115 · Postage & Shipping Expense	0	8	(8)	0	72	(72)
5120 · Professional Fees Expense	0	83	(83)	0	747	(747)
8051 · Major grant expense	0	116,667	(116,667)	68,343	1,050,003	(981,660)
8052 · Grant Expense - Collective/Mini	0	2,500	(2,500)	0	22,500	(22,500)
Total Expense Before Social Services	52,002	177,590	(125,588)	386,885	1,598,310	(1,211,425)
5054 · Social Services Fund	0	5,000	(5,000)	12,000	45,000	(33,000)
Net Income	**(20,358)**	**(12,923)**	**(7,435)**	**(293,845)**	**(116,307)**	**(177,538)**

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of March 31, 2022

	Mar 31, 22	Mar 31, 21
ASSETS		
Current Assets		
Checking/Savings		
100 · CASH		
150 · Petty Cash	200	200
151 · Checking - Union Bank 7611	644,955	1,263,357
152 · Checking - Union Bank 8570	179,743	0
Total Checking/Savings	824,898	1,263,557
Total Accounts Receivable	0	50,000
Other Current Assets		
316 · Accrued Revenue	100,000	0
476-486 · INVESTMENTS		
477 · Morgan Stanley-Investments		
477.2 · Unrealized Gain/(Loss)	(74,670)	62,443
477 · Morgan Stanley-Investments - Other	2,044,244	3,089,672
Total 477 · Morgan Stanley-Investments	1,969,574	3,152,115
486 · Merrill Lynch		
486.1 · Merrill Lynch Unrealized Gain	767,009	733,942
486 · Merrill Lynch - Other	1,925,968	1,738,348
Total 486 · Merrill Lynch	2,692,977	2,472,290
Total 476-486 · INVESTMENTS	4,662,551	5,624,405
500 · CONTRIBUTIONS -RCVB -CRTS		
515 · Contrib RCVB-Pressler CRT	74,787	61,277
530 · Contrib RCVB-Guerts CRT	126,022	126,022
Total 500 · CONTRIBUTIONS -RCVB -CRTS	200,809	187,299
601 · Prepaid Payables	2,975	2,875
Total Other Current Assets	4,966,335	5,814,579
TOTAL ASSETS	**5,791,233**	**7,128,136**

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of March 31, 2022

	Mar 31, 22	Mar 31, 21
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
1000 · Accounts Payable	16,941	1,094
1052 · Account payable-DHCD Exp Alloc	66,384	61,839
Total Accounts Payable	83,325	62,933
Other Current Liabilities		
2183 · Grants Payable-COVID-CARES PHI	250,000	652,500
2185 · Deferred Revenue	0	50,000
2190 · Current - Grants payable	2,317,043	2,688,766
Total Other Current Liabilities	2,567,043	3,391,266
Total Current Liabilities	2,650,368	3,454,199
Long Term Liabilities		
2186 · Grants payable	1,600,000	1,600,000
Total Liabilities	4,250,368	5,054,199
Equity		
3900 · Retained Earnings	1,834,713	1,980,510
Net Income	(293,845)	93,427
Total Equity	1,540,868	2,073,937
TOTAL LIABILITIES & EQUITY	**5,791,233**	**7,128,136**

DESERT HEALTHCARE FOUNDATION				
BALANCE SHEET 03/31/22				
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES				
	T/B	GENERAL Fund	Restricted Funds	Trusts
ASSETS				
150 · Petty Cash	200	200	-	-
151 · Checking - Union Bank 7611*	644,955	561,630	83,325	-
152 · Checking - Union Bank 8570*	179,743		179,743	
Total 100 · CASH - UNRESTRICTED	**824,898**	**561,830**	**263,068**	**-**
Accounts Receivable				
321 - Accounts Receivable - Other	-	-	-	
Total Accounts Receivable	**-**	**-**	**-**	**-**
316 - Accrued Revenue	100,000		100,000	
477 ·Invt-Morgan Stanley				
477.2 · Unrealized Gain	(74,670)	-	(74,670)	-
477 ·Invt-Morgan Stanley	2,044,244	-	2,044,244	-
Total 477 · Invt-Morgan Stanley	**1,969,574**	**-**	**1,969,574**	**-**
6441 486.1 · Merrill Lynch Unrealized Gain	767,009	767,009		-
486 · Merrill Lynch	1,925,968	8,245	1,917,723	-
Total 486 · Merrill Lynch	**2,692,977**	**775,254**	**1,917,723**	**-**
515 · Contrib RCVB-Pressler CRT	74,787	-	-	74,787
530 · Contrib RCVB-Guerts CRT	126,022	-	-	126,022
601 - Prepaid payables	2,975	2,975	-	-
Total Current Assets	**5,791,233**	**1,340,059**	**4,250,365**	**200,809**
TOTAL ASSETS	**5,791,233**	**1,340,059**	**4,250,365**	**200,809**
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
1000 · Accounts Payable	16,941	-	16,941	-
1052 - Account Payable - DHCD - Alloc Expenses	66,384	-	66,384	-
2183 · Grants Payable-COVID-CARES PHI	250,000		250,000	
2190 - Grants Payable - Current Portion	2,317,043	-	2,317,043	-
Total Current Liabilities	**2,650,368**	**-**	**2,650,368**	**-**
2186 - Grant Payable - Long Term	1,600,000	-	1,600,000	-
Total Liabilities	**4,250,368**	**-**	**4,250,368**	**-**
Equity				
3900 · Retained Earnings	1,834,713	1,633,904		200,809
Net Income	(293,845)	(293,845)	-	-
Total Equity	**1,540,868**	**1,340,059**	**-**	**200,809**
TOTAL LIABILITIES & EQUITY	**5,791,233**	**1,340,059**	**4,250,365**	**200,809**

*** Restricted funds include Pass-Through Funds and Accounts Payable**

Desert Healthcare Foundation
Deposit Detail
March 2022

Type	Date	Name	Account	Amount
Deposit	**03/07/2022**		**152 · Checking - Union Bank 8570**	**100,000**
Payment	03/07/2022	Riverside County - Public Health	1499 · Undeposited Funds	(100,000)
TOTAL				(100,000)
Deposit	**03/07/2022**		**151 · Checking - Union Bank 7611**	**5,745**
		Saint Paul Foundation	4000 · Gifts and Contributions	(5,582)
		Warner Music Group Services	4116 · Bequests - Frederick Lowe	(163)
TOTAL				(5,745)
Deposit	**03/16/2022**		**152 · Checking - Union Bank 8570**	**100,000**
Payment	03/16/2022	Riverside County - Public Health	1499 · Undeposited Funds	(100,000)
TOTAL				(100,000)
Deposit	**03/31/2022**		**151 · Checking - Union Bank 7611**	**510**
		Misc.	4000 · Gifts and Contributions	(500)
		Misc.	4000 · Gifts and Contributions	(10)
TOTAL				(510)
			TOTAL	**206,255**

Desert Healthcare Foundation
Check Register
As of March 31, 2022

Type	Date	Num	Name	Amount
100 · CASH				
151 · Checking - Union Bank 7611				
Bill Pmt -Check	03/01/2022	5304	Alejandro Espinoza - Expense Reimbursement	(1,220)
Bill Pmt -Check	03/01/2022	5305	Miguel Delgado - Pico De Gallo Advertising	(400)
Bill Pmt -Check	03/01/2022	5306	Verizon Wireless	(157)
Bill Pmt -Check	03/03/2022	5307	Union Bank	(10,005)
Bill Pmt -Check	03/07/2022	5308	Department of Justice	(150)
Bill Pmt -Check	03/07/2022	5309	DocuSign Inc.	(9,600)
Bill Pmt -Check	03/07/2022	5310	Lund & Guttry LLP	(500)
Bill Pmt -Check	03/07/2022	5311	Sergio Rodriguez - Expense Reimbursement	(542)
Bill Pmt -Check	03/14/2022	5312	Regional Access Project Foundation - Grant Contribution	(300,000)
Bill Pmt -Check	03/14/2022	5313	Sergio Rodriguez - Expense Reimbursement	(1,111)
Bill Pmt -Check	03/16/2022	5314	KEVC-TV	(1,280)
Bill Pmt -Check	03/16/2022	5315	KLOB-FM	(400)
Bill Pmt -Check	03/16/2022	5316	KMIR-TV	(7,930)
Bill Pmt -Check	03/16/2022	5317	KPST-FM	(375)
Bill Pmt -Check	03/16/2022	5318	KVER-TV	(5,749)
Check	03/25/2022		Bank Service Charge	(339)
Bill Pmt -Check	03/31/2022	5319	Verizon Wireless	(157)
Total 151 · Checking - Union Bank 7611				(339,915)
152 · Checking - Union Bank 8570				
Bill Pmt -Check	03/01/2022	1040	Galilee Center - Grant Payment	(45,000)
Bill Pmt -Check	03/14/2022	1041	Todec Legal Center Perris - Grant Payment	(45,000)
Bill Pmt -Check	03/28/2022	1042	Youth Leadership Institute - Grant Payment	(40,000)
Bill Pmt -Check	03/29/2022	1043	Youth Leadership Institute - Grant Payment	(45,000)
Total 152 · Checking - Union Bank 8570				(175,000)
TOTAL				**(514,915)**

Desert Healthcare Foundation

Details for Credit Card Expenditures

Credit card purchases - February 2022 - Paid March 2022

Number of credit cards held by Foundation personnel - 3

Credit Card Limit - $25,000

Credit Card Holders:

- **Conrado Bárzaga - Chief Executive Officer**
- **Chris Christensen - Chief Administration Officer**
- **Alejandro Espinoza - Chief of Community Engagement**

Routine types of charges:

Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.

	Statement					
	Month	Total		Expense		
Year	Charged	Charges		Type	Amount	Purpose
		$ 10,004.84				
Monthly Statement:						
2022	February	$ 10,004.84		Foundation		
				5106	$ 10.99	cvHIP.com hosting
				5106	$ 14.99	Desert Sun subscription - marketing
				5110	$ 159.00	AICPA Training (to be transferred to District)
				5102	$ 2,038.79	Enterprise - Rental car for CV Collaborative events
				5102	$ 25.54	Smart and Final - Refreshments for CV Collaborative
				5102	$ 113.69	Chevron - Fuel for rental truck
				5102	$ 22.70	Leon's Meat Market - Food for CV Collaborative
				5102	$ 350.00	Facebook advertising for CV Collaborative
				5102	$ 165.32	Amazon - PPE for CV Collaborative
				5102	$ 215.00	Stor-N-Lock - Storage Unit Fees for CV Collaborative supplies storage
				5102	$ 260.94	Amazon - PPE for CV Collaborative
				5102	$ 126.15	Panda Express - Food for CV Collaborative
				5102	$ 586.81	Staples - Office/cleaning supplies for CV Collaborative
				5102	$ 2,109.95	Starbucks - Gift cards for CV Collaborative events
				5102	$ 117.96	Chevron - Fuel for rental truck
				5102	$ 1,952.00	Best Buy - Gift cards for CV Collaborative events
				5102	$ 277.03	Fed-Ex Office - Flyer printing costs for CV Collaborative
				5102	$ 134.77	Domino's - Food for CV Collaborative
				5102	$ 500.00	Walgreens - Gift cards for CV Collaborative events
				5102	$ 126.15	Panda Express - Food for CV Collaborative
				5102	$ 108.63	Chevron - Fuel for rental truck
				5102	$ 119.99	Canva annual subscription for CV Collaborative
				5102	$ 55.44	Amazon - PPE for CV Collaborative
				5102	$ 97.83	Home Depot - Supplies for CV Collaborative
				5102	$ 116.32	Chevron - Fuel for rental truck
				5102	$ 194.55	Domino's - Food for CV Collaborative
				5102	$ 4.30	Postnet - Supplies for CV Collaborative
					$ 10,004.84	

DESERT HEALTHCARE FOUNDATION								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
March 31, 2022								
TWELVE MONTHS ENDING JUNE 30, 2022								
			6/30/2021	**New Grants**		**3/31/2022**		
A/C 2190 and A/C 2186-Long term			**Open**	**Current Yr**	**Total Paid**	**Open**		
Grant ID Nos.	**Name**		**BALANCE**	**2021-2022**	**July-June**	**BALANCE**		
Health Portal	Remaining Collective Funds-Mayor's Race & DHCF		**$ 72,176**		$ -	**$ 72,176**	**HP-cvHIP**	
BOD - 04/24/18	Behavioral Health Initiative Collective Fund		**$ 1,752,356**		$ 416,579	**$ 1,335,777**	**Behavioral Health**	
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services		**$ 795,017**		$ 49,140	**$ 745,877**	**Avery Trust**	
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund		**$ 595,714**		$ 501,657	**$ 94,057**	**Homelessness**	
BOD - 02/23/21 BOD (#1148)	OneFuture - Black and African American Healthcare Scholarship - 2 yrs		**$ 155,000**		$ 45,000	**$ 110,000**		
BOD - 07/27/21 BOD (#1288)	Borrego Community - Improving Access to Healthcare - 3 yrs			**$ 575,000**	$ 30,000	**$ 545,000**		
F&A - 06/11/19, 6/09/20, 06/22/21 Res. NO. 21-02	Prior Year Commitments & Carry-Over Funds		**$ 1,044,156**		$ 30,000	**$ 1,014,156**		
TOTAL GRANTS			**$ 4,414,419**	**$ 575,000**	**$ 1,072,376**	**$ 3,917,043**		
Summary: As of 03/31/2022		**Uncommitted & Available**			A/C 2190	$ 2,317,043		
Health Portal (CVHIP):	**$ 72,176**	**$ 72,176**			A/C 2186	$ 1,600,000	<<$870,000 BH	
Behavioral Health Initiative Collective Fund	**$ 1,335,777**	**$ 1,297,311**			**Total**	**$ 3,917,043**	$730,000 Carry Over	
Avery Trust - Pulmonary Services	**$ 745,877**	**$ 531,426**			Diff	$ (0)		
West Valley Homelessness Initiative	**$ 94,057**	**$ 71,557**						
Healthcare Needs of Black Communities	**$ 655,000**	**$ -**						
Prior Year Commitments & Carry-Over Funds	**$ 1,014,156**	**$ 1,014,156**						
Total	**$ 3,917,043**	**$ 2,986,626**						
Amts available/remaining for Grant/Programs - FY 2021-22:			**FY22 Grant Budget**		**Social Services Fund #5054**			
Amount budgeted 2021-2022		$ 530,000	$ 500,000		Budget	$ 60,000		
Amount granted year to date		$ (575,000)	*$ 30,000*		DRMC Auxiliary	$ 12,000	Spent YTD	
Mini Grants:					**Balance Available**	$ 48,000		
Net adj - Grants not used:								
Contributions / Additional Funding	DHCD Grant #1134 $400,000, IEHP $100,000 & Lift To Rise $75,000	$ 575,000						
Prior Year Commitments & Carry-Over Funds	FY18-19 Funds $14,156; FY19-20 Funds $300,000; FY20-21 Funds $730,000	$ 1,014,156						
Balance available for Grants/Programs		**$ 1,544,156**						

DESERT HEALTHCARE FOUNDATION						
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE						
March 31, 2022						
FISCAL YEAR ENDING JUNE 30, 2022						
			6/30/2021	New Grants		3/31/2022
A/C 2183			Open	Current Yr	Total Paid	Open
Grant ID Nos.	Name		BALANCE	2021-2022	July-June	BALANCE
BOD - 10/20/20 - Contract #21-024	**Coronavirus Aid, Relief, and Economic Security (CARES) Act and Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - $2.4 Million ($1,960,000 for grants)**					
BOD - 10/20/20 (#1159)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		$ 30,000		$ 30,000	$ -
BOD - 03/23/21 (#1268)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		$ 125,000	$ 60,000	$ 125,000	$ 60,000
BOD - 03/23/21 (#1269)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		$ 125,000		$ 80,000	$ 45,000
BOD - 03/23/21 (#1270)	Galilee Center - Emergency Services		$ 85,000		$ 85,000	$ -
BOD - 03/23/21 (#1271)	Vision Y Compromiso - Stop the Spread of COVID-19		$ 85,000		$ -	$ 85,000
BOD - 03/23/21 (#1272)	Youth Leadership Institute - COVID-19 ECV Collaborative		$ 85,000		$ 85,000	$ -
BOD - 03/23/21 (#1273)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative		$ 125,000	$ (60,000)	$ 40,000	$ 25,000
BOD - 03/23/21 (#1274)	Todec Legal Center Perris - Sembrando Prevencion		$ 125,000		$ 125,000	$ -
BOD - 03/23/21 (#1275)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		$ 125,000		$ 90,000	$ 35,000
BOD - 12/15/20 - Contract	**Together Toward Health funding, a Program of the Public Health Institute - $725,000 ($635,000 for grants)**					
BOD - 12/15/20 (#1172)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		$ 45,000		$ 45,000	$ -
BOD - 12/15/20 (#1175)	Pueblo Unido, CDC		$ -		$ -	$ -
BOD - 12/15/20 (#1176)	Galilee Center - Emergency Services		$ -		$ -	$ -
BOD - 12/15/20 (#1179)	Youth Leadership Institute		$ 6,250		$ 6,250	$ -
BOD - 12/15/20 (#1180)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		$ 6,250		$ 6,250	$ -
BOD - 12/15/20 (#1181)	Vision Y Compromiso - Promotoras and the Coachella Valley COVID-19 Collaborative		$ 45,000		$ 45,000	$ -
BOD - 12/15/20 (#1185)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		$ 45,000		$ 45,000	$ -
BOD - 12/15/20 (#1189)	Todec Legal Center Perris - Sembrando Prevencion		$ 45,000		$ 45,000	$ -
TOTAL GRANTS			$ 1,102,500	$ -	$ 852,500	$ 250,000
CARES/ELC	Passthrough to Community Based Organizations		$ 910,000	$ -	$ 660,000	$ 250,000
	CARES/ELC Administrative Costs		$ 200,000		$ 200,000	$ -
Total CARES/ELC			$ 1,110,000		$ 860,000	$ 250,000
Public Health Institute	Passthrough to Community Based Organizations		$ 192,500	$ -	$ 192,500	$ -
	Public Health Institue Administrative Costs		$ 37,946		$ 37,946	$ (0)
TOTAL Public Health Institute			$ 3,552,946	$ -	$ 230,446	$ (0)
					Account 2183	$ 250,000
Amts available/remaining for Grant/Programs - FY 2021-22:						$ (0)
Amount granted year to date		$ -			**Grant Funds**	
Mini Grants:					**CARES/ELC**	**PHI**
Net adj - Grants not used:				Total Grant	$ 2,400,000	$ 725,000
Foundation Administration Costs		$ (237,946)		Received to Date	$ 2,300,000	$ 725,000
Contributions / Additional Funding	ELC3 $200,000 & PHI $37,946 Carryover from FY21	$ 237,946		**Balance Remaining**	**$ 100,000**	**$ -**
Balance available for Grants/Programs		**$ -**				

RESOLUTION NO. 22-09

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

WHEREAS, Desert Healthcare Foundation ("Foundation") 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 Foundation'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 Foundation 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 Foundation, and the Board of Directors has done so; and

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

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the Foundation 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 Foundation 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 Foundation and proclaims that a local emergency persists throughout the Foundation.

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 Foundation'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 Foundation held on April 26, 2022, by the following roll call vote:

AYES: Directors_____

NOES: Directors_____

ABSTAIN: Directors_____

ABSENT: Directors_____

_____
Karen Borja, President
Board of Directors

ATTEST:

_____

Evett PerezGil, Vice-President/Secretary
Board of Directors

DESERT HEALTHCARE DISTRICT & FOUNDATION

CV HOUSING FIRST UPDATE

APRIL 2022

REVIEW OF DELIVERABLES

- Brief on CV 200 Program Outcomes
- MOU With IEHP
- CSUSB and CVVIM Street Medicine Programs
- Discharge Planning
- PS Navigation Center Respit/Recuperative Care

CV 200 PROGRESS REPORT

- The 2021 clients served both the CSU and permanently placed and the rapid resolution:

  - Clients housed in CSU – 139 clients (CV200), 11 households (Non CV200)

  - Clients moved into Permanent Housing from CSU – 65 clients (CV200), 5 households (Non CV200)

  - Clients housed through Rapid Resolution – 10 clients (CV 200), 4 households (Non CV200)

CV200 PROGRESS

- Statistics on referrals to behavioral health or substance use treatment
  - Referrals to Behavioral Health – 104
  - Referrals to Drug/Alcohol Treatment - 2
- Number linked to MediCal
  - Clients linked to Medi-Cal - 2

IEHP PARTNERSHIP

- MOU Executed
- Data Sharing
- Client Management
- CalAim

CSUSB & CVVIM PARTNERSHIP

- Street Outreach With CVVIM
- MOU with Diane Vines
- UCR Psychiatric Residents

DISCHARGE PLANNING

- Eisenhower
- Tenet
- CV 200 Cross Referencing

PS NAVIGATION CENTER

- Status
- Healthcare Lens
    - Medical/Dental Clinic
    - Behavioral Health
- Future Respit/Recuperative Care

QUESTIONS?

DESERT HEALTHCARE
DISTRICT & FOUNDAON

Date: April 26, 2022

To: Board of Directors

Subject: SCAQMD: Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley- Request For Qualifications (RFQ)

Staff Recommendation: Approve Alianza Coachella Valley Proposal for the South Coast Air Quality Management District (SCAQMD) – Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley.

Background: In response to the US Environmental Protection Agency State Environmental Justice Cooperative Agreement Programs: Request For Applications, a collaborative project between the South Coast Air Quality Management District, Twenty-Nine Palms Band of Mission Indians, Health Assessment and Research for Communities, and the Desert Healthcare District & Foundation were submitted, approved, and funded in the amount of $200,000. This project establishes an Air Quality Academy to provide resources and training that will improve environmental literacy and air quality data. The Academy will include community health workers and other community members and provide training on how to use the data to help make informed decisions. The three objectives for this project are:

1. *Air Quality Training:* Provide training on the Air Quality Index and actions to reduce indoor and outdoor air pollution exposure.
2. *Air Pollution Sensors Training:* Provide training about air pollution measurement, and how to get local air quality information from a blended AQI map, which uses both regulatory monitoring and sensor data.
3. *Community Environmental Health Report:* Publish a report on environmental health metrics in the Eastern Coachella Valley, including statistics on environmental hazards, social vulnerabilities, and public health metrics.

Our role in the partnership: DHCD/F staff will provide information on the health effects of air pollution and ways to reduce exposure to indoor and outdoor air pollutants. The Desert Healthcare District and Foundation will receive $27,000 and match $27,000 totaling $54,000 of which $40,000 will be awarded to Alianza Coachella Valley, a local community-based organization with a proven track record of environmental health.

This agreement was approved by DHCD Board of Directors on February 22, 2022.

Fiscal Impact:
$27,000 matching funds to be allocated from the Avery Trust Fund

CONSULTING SERVICES AGREEMENT

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

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

1. District would like to retain the professional services of Consultant to provide training for air quality and air pollution sensors and to produce a Community Environmental Health Report as part of the South Coast Air Quality Management District (SCAQMD) partnership.

2. Consultant is qualified and possesses the knowledge, skill, expertise in environmental health necessary to provide the professional services ("Services") as more specifically outlined in the attached Exhibit "A" ("Consultant Proposal").

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

1. CONSULTANT'S SERVICES.

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District with the professional services described in the Consultant Proposal. All Services shall be performed by Consultant to the reasonable satisfaction of the District.

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

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

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

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant a Not To Exceed amount of $40,000, plus customary expenses.

2.2 Invoices. Consultant shall deliver monthly invoices to the District no later than the 10th day of each month for Services.

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

3. TERM; TERMINATION.

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until December 31, 2023, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

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

4. INDEPENDENT CONTRACTOR.

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

5. OWNERSHIP OF DOCUMENTS.

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

6. INDEMNIFICATION.

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

7. NOTICE.

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

To: District
Desert Healthcare District
Attention: Conrado Barzaga, Chief Executive Officer
1140 N. Indian Canyon Drive
Palm Springs, California 92262

To: Consultant
Alianza Coachella Valley
Attention: Silvia Paz
1515 Sixth Street
Coachella, CA 92236

8. MISCELLANEOUS PROVISIONS.

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

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

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

DRAFT

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

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

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

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

"District":	"Consultant":
Desert Healthcare District	Alianza Coachella Valley
By: _____	By: _____
Conrado Barzaga, CEO	Silvia Paz, Executive Director
Date:_____	Date:_____

DRAFT

1515 Sixth St.
Coachella, CA 92236

T (760) 972-4628
F (760) 289-7981
www.alianzacv.org

Alianza Coachella Valley
Statement of Qualifications
April 15, 2022

1. **Experience, Structure, Personnel**
   a. **Contact Information –**
   Alianza Coachella Valley
   Office: 1515 Sixth Street Coachella, CA 92236
   Mailing: PO Box 38 Coachella, CA 92236
   Telephone number: (760) 972-4628
   • Organization's representative designated as the contact-
   Patricia S. Carrillo
   Director of Development and External Relations
   patriciacarrillo@alianzacv.org
   • Project Lead Contact Information-
   Sahara Huazano
   Director of Programs
   sahara@alianzacv.org

   b. **Organization History** – Since 2010, Alianza Coachella Valley (previously Building Healthy Communities Coachella Valley) has helped residents of the Eastern Coachella Valley apply their determined spirit and strong work ethic to campaigns that enrich their community.

   Alianza works to reduce the inequities of the Coachella Valley through the following: by building and tapping into the ECV's sense of community, restoring dignity in our place and its people, promoting agency and self-determination, and by amplifying the voice of traditionally marginalized people, by building strong local and visionary leadership that collaborates to improve the built environment, eliminate punitive school practices, and increase civic participation.

   Alianza is the backbone organization for the only alliance of residents and non-profit groups in the Coachella Valley working for systems and policy change. Alianza staff manage and facilitate strategy development for two collective impact campaigns and civic engagement efforts, inclusive of community organizing, designed to reduce barriers to economic and physical health.

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- The Environmental Justice (EJ) campaign is defining environmental justice policies in Riverside County's General Plan and adding a public health framework to the California Natural Resources Agency 10-year plan for the Salton Sea.
- The Community Justice (CJ) campaign advocates for authentic parent engagement in school district decision-making and development of an alternative discipline approach in schools based on restorative justice that reduces suspensions and expulsions while fostering a safe and welcoming school environment for all students.
- Civic Engagement efforts are used as a key strategy in each of our work areas providing community residents with opportunities to enhance their leadership skills in speaking with policy makers, understanding government and its role, increasing participation in public hearings, and encouraging greater voter participation during elections.

With an emphasis in one Coachella Valley that works for all, Alianza takes pride in its local roots. Our alliance is representative of NGOs and residents from Palm Springs to the Salton Sea, all working under a collective impact approach to carry out campaigns for environmental justice, better learning environments in local schools, trauma-informed care, and youth leadership development.

Alianza CV has been cultivating relationships in the Coachella Valley for over a decade and has built a steady track record of success around environmental issues, most notably including:

- The creation of the first academic report that reflected the realities of the East Coachella Valley called Revealing the Invisible Coachella Valley. This report has been used by local government officials to make a strong case to bring infrastructure funding to the area.
- Selection of an AB 617 site by the California Air Resource Control Board. As a coalition we worked with our partners and community to collect air quality data through our PurpleAir sensors and whitepaper to advocate for the East Coachella Valley to be selected to bring resources, such as South Coast Air Quality District scientists and air sensors to address adequate pollutants in the community.
- We advocated successfully to have East Coachella Communities such as Thermal and Oasis to be part of the CalEnviroScreen 2.0 now it’s included in

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every version updated by the state. This is an important win because the state of California depends on the CalEnviroScreen to categorize communities as Environmental Justice Communities to therefore qualify for funding to address their needs.

- Clean Water for the Underserved: Changed the Coachella Valley Water District from an all at-large board to a district board, helping ensure better minority representation at a government agency serving many disadvantaged areas.
- Changing Lives through Improved Infrastructure: Improved air quality in low-income neighborhoods by helping secure funding for paved roads in nearly 40 Eastern Coachella Valley mobile home parks, significantly reducing dust and airborne particulate matter.
- Successfully advocated for North Shore, CA. to be added to the Salton Sea Management Program: Dust Suppression Plan phase 2. Prior to our advocacy the state was not planning on having any dust mitigation projects at North Shore, where many community members have expressed their concern about the poor air quality from the exposed playa of the Salton Sea.

Currently, Alianza is working on an Environmental Justice campaign that seeks to protect the Salton Sea, which presents a looming environmental disaster: Declining water inflows and rising temperatures are causing it to shrink rapidly. This has already affected local fish and bird populations and created noxious stenches that spread widely and sickened residents.

The Pacific Institute found that the next 15 years will see inflow decrease by 40%, the surface drop by 20 feet, the volume decrease by 60%, and salinity triple. By 2045, as much as 150 square miles of dust-generating lake bottom will be exposed to the region's high-level winds, adding as much as 100 tons of fine dust into the air every day. Harmful sediments such as PCB, DDE antimony, arsenic, cadmium, chromium, lead, and selenium, deposited over years through agricultural runoff, could also be released into the air.

However, Alianza's campaign is about more than the Salton Sea. It is about how the socio-economic conditions in a region can be shifted to benefit the most vulnerable, so they too have real opportunities to achieve economic, mental, and physical health. We believe this can be achieved by a more holistic implementation of the Salton Sea Management Program, California's Natural Resource Agency (CNRA) 10-year plan, which has identified funding of approximately $200 million. Through our advocacy efforts, CNRA started incorporating community engagement and public health considerations in their planning, where their focus was exclusively on wildlife and wildlife habitat for the Salton Sea before we became involved.

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With the District's support, Alianza seeks to deepen our understanding of the impact the Salton Sea is having on the air quality in the Eastern Coachella Valley. We aim to partner with Air Quality consultants, Ryan Sinclair PhD and Will Porter PhD. Together, we will establish an Air Quality Academy to provide resources and training that will improve environmental literacy and air quality data to Eastern Coachella Valley communities. The Academy will include community health workers and other community members and provide training on how to use the data to help make informed decisions. The three objectives for this project are:

1. Air Quality Training: Develop training materials and provide training on the Air Quality Index, and actions to reduce exposures to indoor and outdoor air pollution.
2. Air Pollution Sensors Training: Develop training materials and provide training about air pollution measurement, and how to get local air quality information from a blended AQI map, which uses both regulatory monitoring and sensor data.
3. Community Environmental Health Report: Publish a report on environmental health metrics in the Eastern Coachella Valley, including statistics on environmental hazards, social vulnerabilities, and public health metrics.

c. **Assigned Personnel** –

Sahara Huazano (Project Manager for Project), Director of Programs for Alianza CV, BA in Environmental Studies, CPC, MPP Candidate

Sahara has oversight of all Alianza's campaigns/ programs and builds the team's capacity in campaign development, organizing, meeting facilitation, and evaluation. She has 8 + years of experience in project management and organizing in the Coachella Valley, regional, and statewide. Sahara is a certified professional coach.

Nilda Ruiz (Outreach Coordinator/ translator for project), Project Coordinator for Alianza CV, BA in Conservation and Resources Studies

Nilda is the coordinator for the Alianza Environmental Justice Campaign which her work is composed of doing outreach and engagement with community members, adults and

youth, in the Eastern Coachella Valley. She has experience in coordinating and conducting workshops via the Community Science program in the Environmental Justice campaign.

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Ryan Sinclair PhD, MPH (Air Quality Consultant)
Dr. Sinclair is an associate professor of environmental microbiology in the Loma Linda University School of Public Health. His microbiology research focuses on human exposures to pathogens in surface water, on fomites, in drinking water, in wastewater, and airborne pathogens in domestic environments. Dr. Sinclair is an expert in home hygiene and exposure science. He serves as the chair of the SCAQMD AB617 ECV air monitoring committee and was recently awarded the SCAQMD's Dr. Robert Zweig award for air pollution research.

William Porter PhD (Air Quality Consultant)

Dr. Porter is an assistant professor of atmospheric dynamics and modeling in the Department of Environmental Sciences at UC Riverside. His research focuses on the causes and consequences of air pollution, in particular those pollution types that currently threaten southern California communities. Using numerical and statistical modeling tools alongside community collaborators, Dr. Porter works towards an improved understanding of pollution from both natural and anthropogenic sources and the development of tools necessary to reduce the negative impacts of air pollution exposure in vulnerable regions.

Marisa Aceves (Operations Manager)

Marisa is the operations manager for Alianza Coachella Valley. She has been with Alianza for 6 years now and serves as the lead support to staff when it comes to operations and any purchases or payments. Marisa will play a key role in supporting our project coordinator to assure that outreach materials are readily available and payments to community participants are made in a timely manner. Marisa Aceves has an extensive background in social service in the mental health and economic opportunities fields. Prior to joining the Alianza team, Marisa worked as the executive assistant and scheduler for California State Assemblymember Victor Manuel Perez, where she assisted in deepening relationships with constituents.

d. **Work Samples** – Please refer to email attachments for physical work samples.

- Revealing The Invisible Coachella 2013 (English/ Spanish)
- Estamos Aqui: A Community Magazine (Attached: English/ Spanish)
- AB 617 Eastern Coachella Valley Communities (Attached: English)

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Additionally, Alianza advocates for environmental justice policies that enable the people of the Coachella Valley to enjoy healthy lives at home, work, and school. We believe solving community problems means engaging with the affected communities to address root causes, and ensuring people have a say in decisions affecting the places where they live. This includes engaging in resident-led solutions, offering leadership training and technical assistance, and working with policymakers for improving infrastructure to benefit communities—without harming the environment.

We do this by ongoing community organizing and public education including leadership development; data collection and data driven decision making; official representation at the Salton Sea planning table; activism and advocacy to get the communities' needs and perspective into the Salton Sea Plan goals, policies, and appropriations; and continual accountability through community mobilization and review of benchmarks.

These are just some of our alliance's many accomplishments:

Environmental Justice

- Through Alianza's advocacy we were able to include community priorities in the Riverside County General Plan. This means that environmental justice communities will be protected and invested as part of the county plan.
- Improved community engagement and participation in the Salton Sea Management Program by creating an education campaign about the Salton Sea which will prepare community members to be at decision making tables.
- Conducted a virtual summer youth program on community science. A total of 20 engaged youth during a period of 6 weeks. The youth were trained in water quality testing and air monitoring with the purpose to better understand what is in the environment and improve its conditions through advocacy.

Clean water for the underserved

- Changed the Coachella Valley Water District from an all at-large board to a district board, helping ensure better minority representation at a government agency serving many disadvantaged areas. In response to residents' concerns, the water district formed the Disadvantaged Community Infrastructure Task Force to work on water quality and service issues.
- Created legislation that was ultimately approved setting new statewide standards for arsenic filtration systems and water billing in mobile home parks.

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Changing lives through improved infrastructure

- Gave residents of North Shore a vital link to shopping, jobs, and health care by successfully lobbying for the first public bus route serving that community.
- Improved air quality in low-income neighborhoods by helping secure funding for paved roads in nearly 40 Eastern Coachella Valley mobile home parks.

Support for youth

- Worked with school district leaders to start a pilot project introducing restorative justice at Bobby Duke Middle School in Coachella, before expanding these efforts to four middle schools — giving educators new disciplinary tools that keep students in the classroom.
- Organized two youth-led festivals: The Hue, an annual music and arts celebration, and the Eastern Coachella Valley's first LGBTQ Pride Festival, which is now an annual event.

e. **Subcontractors** –

Air Quality Consultants: Ryan Sinclair PhD and Will Porter PhD.

Throughout the contract period, Air Quality Consultants will work in close cooperation and collaboration with the Alianza staff to ensure that collective impact is fully achieved. The following are the core roles and responsibilities.

Timeframe	Task	Leads
Months 0-6	• Community Health Workers/Staff will participate in the development and translation (Spanish/Purepecha) of the training modules and educational materials.	Alianza Staff
	• Support the recruitment of community members to participate in the Air Quality Academy.	Alianza Staff

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	• Community Health Workers/Staff will attend the Air Quality Academy and receive training on: ○ Outdoor air quality basics ○ Outdoor air quality policy ○ Indoor air quality basics ○ Health effects of air pollution ○ Exposure reduction ○ Air pollution sensors (installation and data collection)	Alianza Staff Consultants (Ryan Sinclair PhD and Will Porter PhD)
	• Provide monthly outreach logs	Alianza Staff
	• Participate in monthly update meetings with Desert Healthcare District staff	Alianza Staff

Timeframe	Task	Leads
Months 7-16	• Community Health Workers/Staff will conduct community-based outreach, presentations, and education on: ○ Health effects of indoor and outdoor air pollution ○ Ways to mitigate exposures ○ How to check outdoor air quality ○ Data interpretation ○ Air pollution sensors	Alianza Staff Consultants (Ryan Sinclair PhD and Will Porter PhD)
	• Provide monthly outreach logs	Alianza Staff
	• Participate in monthly update meetings with Desert Healthcare District staff	Alianza Staff

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Timeframe	Task	Leads
Months 17-18	• Community Health Workers/Staff will participate in the development of the Community Environmental Health Report by sharing their experiences and perspectives as community members, and their experiences in the training program.	Consultants (Ryan Sinclair PhD and Will Porter PhD)
	• Provide monthly outreach logs	Alianza Staff
	• Participate in monthly update meetings with Desert Healthcare District staff	Alianza Staff

f. **Conflict of Interest** – N/A

g. **Additional Information** –

Alianza's Environmental Justice campaign engages a diverse set of partners, including youth-serving organizations, stakeholders, and academia. Alianza's EJ campaign partners include: YLI, Loma Linda University, KDI, Sierra Club, Resilient Salton Sea. They, along with the Salton Sea Partnership (Alianza, Audubon, Sierra Club, KDI, Pacific Institute, Defenders of Wildlife (short list)) have demonstrated a strong ability to influence the Salton Sea Management Program (SSMP), but there is still much work to be done.

While we have been able to improve community engagement and participation in the SSMP by creating an education campaign about the Salton Sea, our collaborative

community engagement project is designed to raise awareness and integrate varying viewpoints on environmental issues at the Salton Sea.

We are helping residents, policymakers, and other stakeholders better collaborate to counteract environmental hazards, particularly air pollution, through community science, youth journalism, and influencing the engagement strategy for the SSMP.

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These groups are working on the ground to identify community needs: assessing the air that our community breathes, and understanding how multi-beneficial infrastructure can serve as a tool to build a more equitable region so that Coachella Valley residents have opportunities to prosper.

2. **Budget** – Please see attached budget.

Thank you for your consideration.

Best regards,

Silvia Paz, MPP
Executive Director

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		273,777.50	245,000	28,777.50
Equipment (itemize)				
1				0
2				0
3				0
4				0
Supplies (itemize)				
1				0
2				0
3				0
4				0
Printing/Duplication		$775		$775
Mailing/Postage				0
Travel/Mileage		$447.50		$447.50
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	Stipends for participants (1	$10,000.00		10000
2				0
3				0
4				0
Total Program Budget		**285000**	**245000**	**40000**

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	Director of Programs	$80,000.00	10%	$8,000.00	$8,000.00
2	Project Coordinator	$55,000.00	15%	$8,250.00	$8,250.00
3	Operations Manager	$44,000.00	5%	$2,200.00	$2,200.00
4					
5					
6					
7					
8					
Total Employee Benefits (15%)					$2,767.50
Enter this amount in Section 1;Staffing Costs				Total ›	$21,217.50

Budget Narrative	Director of Programs will have oversight of the scope of work and project to assure implementation and evaluation. Project Coordinator will be tasked with outreach, engagement and Spanish translation of all documents needed. Operations Manager will support in arranging and making any payments needed throughout the scope of work such as stipends to participants and other items listed in the budget.
Budget Narrative	Benefits at 15% of amount of salary covered by DHCD.

Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	Interpretation & Translation	$70		$420	$7,560
2					
3					
4					
5					
Enter this amount in Section 1;Staffing Costs				Total ›	7560

Budget Narrative	Purepecha interpreter and translator will provided the needed services for 18 months to assure that our purepecha community is provided with the needed materials and support to engage in this scope of work.

Line Item Budget
Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations			
Grants (List Organizations)			
Actual	1	Water Foundation	$55,000.00
	2		
	3		
	4		
Fundraising (describe nature of fundraiser)			
	1		
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	Ryan Sinclair, PHD	$90,000.00
	2	Will Porter, PHD	$100,000
	3		
	4		
Total funding in addition to DHCD reques			**245000**

Budget Narrative	Water Foundation grant will cover part of the remaining percentage of FTE for Director of Programs, Program Coordinator and other program costs not covered by DHCD, as needed. In kind air quality consultant services provided by Ryan Sinclair, PHD and Will Porter, PHD for support in curriculum development, presenting and reporting. MOU of 18 months (duration of the grant) with air quality consultants attached.

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: April 26, 2022

To: Board of Directors

Subject: Coachella Valley Equity Collaborative: Funding Update

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Staff Recommendation: Authorize CEO to execute a $750,000 amendment to the existing contract with Riverside University Health Systems (RUHS) Public Health, pending legal review.

Background:
On October 20, 2020, the Desert Healthcare District and Foundation Board of Directors approved a contract with The County of Riverside Department of Public Health to receive $1.2 million to support targeted community-based outreach, education, and COVID-19 testing in partnership with community- and faith-based organizations that serve vulnerable communities in Coachella Valley, with an emphasis on Eastern Coachella Valley.

Grant awards have been provided to several community-based organizations to expand their current COVID-19 response programs/services or develop new community-based outreach strategies, that include culturally and linguistically appropriate approaches using social media, print media, podcasts, PSA's, or testimonials. The recipients of the grants awards include:

- Alianza Coachella Valley
- Galilee Center
- Pueblo Unido
- Visión y Compromiso
- El Sol Neighborhood Educational Center
- Líderes Campesinas
- TODEC
- Youth Leadership Institute

The Desert Healthcare District and Foundation has established and leads The Coachella Valley Equity Collaborative (CVEC), which has brought together community-and faith-based organizations, government agencies (county and state), and local farm owners to address the COVID-19 epidemic and ensure there is a coordinated effort to maximize resources and prevent overlap is services and/or outreach.

Update
The County of Riverside Department of Public Health continues to value the partnership and continues to support the Desert Healthcare District and Foundation COVID-19 response through the CVEC. An additional allocation of funds totaling $750,000 will be provided to fund ongoing efforts and partner organizations to mitigate the impact of COVID-19 on District residents.

Fiscal Impact:
Additional $750,000 of which $125,000 will support/compensate DHCF expenses.
Total Fiscal Impact (income) $3,875,000.

COUNTY OF RIVERSIDE
AMENDMENT NO. 2
TO THE SUBRECIPIENT AGREEMENT
WITH
DESERT HEALTHCARE FOUNDATION

Original Contract Term:	July 1, 2020, through December 31, 2020
Contract Term Extended To:	December 31, 2022
Effective Date of Amendment:	April 1, 2022
Original Contract Amount:	$1,200,000
Amendment #1 Amount:	$1,200,000
Amended Contract Amount:	$3,150,000 (an increase of $750,000)

This Amendment No. 2 (Amendment) to the Fiscal Intermediary **DESERT HEALTHCARE FOUNDATION** and COVID-19 Support to Community Based Organizations and Faith Based Organizations in the Coachella Valley and Eastern Coachella Valley Subrecipient Agreement (Agreement) entered into on July 1, 2020, by and between the COUNTY OF RIVERSIDE , a political subdivision of the State of California, on behalf of its Riverside University Health System - Public Health ("COUNTY"), and Desert Healthcare Foundation, a California non-profit organization, ("SUBRECIPIENT"), amendment No. 1 effective on December 31, 2021, is now amended as follows:

1. **Article 2, <u>Period of Performance</u>,** first sentence is deleted in its entirety and replaced with the following: "This Agreement shall be effective from April 1, 2022 (the "Effective Date") and continue in effect through December 31, 2022."

2. **Article 3, <u>Compensation,</u> Section 3.1,** is here amended to increase SUBRECIPIENT allocation amount by $750,000 for a total contract amount of $3,150,000. Section 3.1 of the Agreement shall now read as follows:

   "**3.1** COUNTY shall pay SUBRECIPIENT the amount not to exceed twenty percent (20%) of CARES Act funding and twenty percent (20%) of Epidemiology and Laboratory Capacity - Enhancing Detection (ELC2) funding for services rendered in Exhibit A of this Agreement, and the amount not to exceed of $125,000 of Epidemiology and Laboratory Capacity - Enhancing Detection Expansion (ELC3) funding, for services rendered in Exhibit A-1, attached hereto, to cover administrative costs incurred as part of this Agreement, as specified in the Payment Provision Exhibit B attached hereto."

3. **Article 3, <u>Compensation</u>, Section 3.2**, is deleted in its entirety and replaced with the following:

   "**3.2** COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any

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specified amounts of services or products. Unless otherwise specifically stated in Exhibit B and Exhibit B-1, COUNTY shall not be responsible for payment of any of SUBRECIPIENT's expenses related to this Agreement. One hundred percent (100%) of all funding allocated to SUBRECIPIENT, pursuant to this Agreement, shall be expended as specified in Table 1: Funding Expenditure Deadlines below:

Table 1: Funding Expenditure Deadlines

Funding Source	Amount	Expenditure Deadline
CARES Funding	$600,000	12/31/2021
Epidemiology and Laboratory Capacity - Enhancing Detection (ELC2)	$427,807	6/30/2021
Epidemiology and Laboratory Capacity - Enhancing Detection Expansion (ELC3) Remaining balance after 3/31/2022 from ELC3 funding above will rollover for new expenditure deadline	$1,372,193 $100,000	12/31/2022 12/31/2022
Epidemiology and Laboratory Capacity - Enhancing Detection Expansion (ELC3) – Additional Funding	$750,000	12/31/2022

Any CARES Act funding and any ELC funding paid to SUBRECIPIENT, but not expended by the deadline expressed above or not expended because of early termination of this Agreement, shall be returned to COUNTY immediately upon termination of this Agreement."

Article 3, <u>Compensation</u>, Section 3.3, **Paragraph a),** is amended to include additional backup documentation. Paragraph a) will now read as follows:

a) Each invoice shall contain a minimum of the following information: invoice number and date; remittance address; bill-to addresses of ordering department/division; Agreement number (contract ID#21-024); Grant number (insert Grant #HS100183; item descriptions, actual administration cost, Agreement/subcontract agreement cost, CBO's actual expenditures, and invoice total.

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4. **Article 21, Subcontractors/CBOs/FBOs, Section 21.2, Progress Reports** is hereby amended to delete last sentence in paragraph "Submit all progress reports to ELC_Reports@ruhealth.org"

5. **Article 21, Subcontractors/CBOs/FBOs, Section 21.2, Progress Reports, Table 2: Progress Reports Deadlines** is hereby amended as follows:

Table 2: Progress Reports Deadlines

Grant–Funding Source	Reporting Period	Reports Due
ELC2	Jan 1, 2021 – Mar 31, 2021	5/15/2021
ELC2	Apr 1, 2021 – Jun 30, 2021	8/15/2021
ELC3	Apr 1, 2021 – Jun 30, 2021	8/15/2021
ELC3	Jul 1, 2021 – Sep 30, 2021	11/15/2021
ELC3	Oct 1, 2021 – Dec 31, 2021	2/15/2022
CARES	Jan 1, 2021 – Dec 31, 2021	2/15/2022
ELC3	Jan 1, 2022 – Apr 30, 2022*	5/15/2022
ELC3	May 1, 2022 – Jul 31, 2022	8/15/2022
ELC3	Aug 1, 2022 – Oct 31, 2022	11/15/2022
ELC3	Nov 1, 2022 – Dec 31, 2022	2/15/2023

*this quarter contains one additional month to align progress reporting with ELC grant guidance

6. **Exhibit A-1, SCOPE OF SERVICES – ELC3 Funding**, consisting of two (2) pages, is hereby deleted is its entirety for clarity and replaced with "**Exhibit A-1, SCOPE OF SERVICES 4/1/22 – 12/31/22"** attached to this Agreement.

7. **Exhibit B, PAYMENT PROVISION**, is deleted in its entirety and replaced with the new Exhibit B, PAYMENT PROVISIONS, consisting of two (2) pages, attached and incorporated herein.

8. **HEALTH PLACES INDEX,** is deleted in its entirety and replaced with new **CENSUS TRACTS IN THE LOWEST QUARTILE OF THE HEALTH PLACES INDEX**, attached hereto**.**

9. **Attachment 3, Examples of Allowable Activities under this Funding Opportunity,** is deleted in its entirety and replaced with new Examples of Allowable Activities under this Funding Opportunity, rev. 3.17.22, consisting of two (2) pages, attached hereto**.**

10. **Attachment 4, CBOs,** is deleted in its entirety and replaced with the new **Eligible CBO's and Budget**, consisting of one (1) page, attached hereto.

11. All other terms and conditions of the Agreement not modified herein shall remain unchanged.

[SIGNATURES ON NEXT PAGE]

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IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

COUNTY OF RIVERSIDE, a political subdivision of the State of California

By: _____

Name: Jeff Hewitt

Title: Chair of the Board of Supervisors

Dated: _____

DESERT HEALTHCARE FOUNDATION, a California non-profit organization

By: _____

Name: Conrado E. Barzaga, MD

Title: CEO

Dated: _____

ATTEST: Kecia R. Harper, Clerk of the Board

By:_____

APPROVED AS TO FORM:

County Counsel

By:_____

Esen Sainz, Deputy County Counsel

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EXHIBIT A-1
SCOPE OF SERVICES

The County of Riverside (COUNTY) amends the existing agreement with Desert Healthcare Foundation (SUBRECIPIENT) in its coordinating role and as Fiscal Intermediary to distribute funds to Community-Based Organizations (CBOs) participating in the Coachella Valley Equity Collaborative. The amendment intends to continue supporting the work of CBOs in the prevention, identification, and mitigation of COVID-19, and expand supporting COVID-19 vaccination efforts to serve communities that have been disproportionately impacted by the disease. These impacted communities include, but are not limited to, those census tracts identified by the California Department of Public Health (CDPH) as being in the lowest quartile of the Healthy Places Index (HPI) [**See Attachment 2**].

Funds from the COUNTY may only be used for expenditures necessary to educate about and address the current COVID-19 pandemic, including vaccine outreach, education, enrollment, appointments, follow-ups, and any additional activities that may be necessary to fully vaccinate as many eligible recipients as possible, and to assist with treatment resources. They may not be allowed to purchase incentives or provide stipends to individuals to encourage a specific action (e.g., testing, wearing a mask, participating in contact tracing, etc.). Funds may not be allocated to any agency/location without receiving approval of the COUNTY.

SUBRECIPIENT Responsibilities:

1. Implement an expedited and streamlined application process and funding mechanism to directly fund CBOs [**See Attachment 4**] to perform COVID-19 testing and vaccination outreach, education, and/or response activities.
2. Identify a lead organization(s) for each geographic/focus area to coordinate with other CBOs/FBOs (Faith-Based Organizations) that are funded so that activities and events are coordinated.
3. Collect, review, and approve completed applications for funding from CBOs. Applications should include a Scope of Work (SOW), budget, budget justification, and evaluation plan. Examples of allowable activities are provided [**See Attachment 3**].
4. Facilitate weekly meetings to ensure grantees' activities are coordinated, that active collaboration amongst grantees occurs, and lessons learned are shared.
5. Receive and compile monthly progress reports from grantees and provide progress reports to the COUNTY on a quarterly basis. Progress reports will include a highlight of activities conducted (e.g., number of tests/vaccines performed at the testing/vaccination events, number of persons contacted through outreach, numbers of vaccines and other supplies distributed, etc.) dollars spent and encumbered, and any administrative costs incurred.
6. Compile a final report at the end of the contract period and provide to COUNTY.
7. Intervene and redirect funds, with COUNTY's pre-approval, to ensure funding is utilized by the required timelines.
8. Ensure all funding is spent by December 31, 2022, and the COUNTY is invoiced by January 15, 2023.

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9. Share impact stories, testimonials, and photos for use on social media, newspapers, press conferences, and/or other messaging platforms upon receiving permission from participants.
10. Share publicly available data provided by COUNTY- with CBOs and FBOs
11. Collaborate with COUNTY to collect, analyze and report COVID-19 vaccine data using an equity lens and inform Collaborative priorities.
12. Maintain and regularly update a master calendar of events for all CBOs performing activities or hosting events under this funding opportunity.
13. Facilitate meetings between the SUBRECIPIENT, CBOs, FBOs, COUNTY, and others to discuss COVID-19 vaccination strategies, opportunities for improved or better coordination, and to highlight success stories.
14. Identify additional resources needed to support, enhance and/or expand on-going activities.

COUNTY – Public Health Responsibilities:

1. Provide funding to SUBRECIPIENT to serve as the local coordinator of the Coachella Valley Equity Collaborative and as the Fiscal Intermediary to fund CBOs to perform COVID-19 testing, vaccination outreach, education, and response activities.
2. Make available all messaging materials, videos, press releases, and educational materials (in English and Spanish) to CBOs and FBOs to adapt, modify, or use for outreach and educational purposes.
3. Provide publicly available data on a weekly basis to SUBRECIPIENT on vaccination and testing, case, and mortality rates in the Coachella Valley.
4. Include SUBRECIPIENT in meetings and discussions related to vaccination strategies, areas of focus, and resource availability.
5. Assist SUBRECIPIENT, CBOs, and FBOs with the development of consistent messaging on the status of the pandemic and the re-opening process/tier movement.
6. Assist the SUBRECIPIENT, CBOs, and FBOs in their efforts to secure and reserve County facilities to support project activities.
7. Compensate SUBRECIPIENT for providing administrative oversight for the grant/project. Compensation will be a total of $125,000.

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EXHIBIT B
PAYMENT PROVISION

SUBRECIPIENT shall receive payment by the COUNTY for the following services provided as specified in Exhibit A, Scope of Services: fiscal intermediary services and COVID-19 collaborated effort services.

1. FISCAL INTERMEDIARY AND SUPPORT SERVICES

1.1 SUBRECIPIENT's compensation for fiscal intermediary and administration services:

Fiscal Intermediary and Administration Grant Funding Services	Amount
CARES	$120,000
ELC2	$91,301
ELC3	$353,699
Total	$565,000

1.2 Distribution of allocations to CBOs/FBOs:

Funding Distribution to CBOs and FBOs	Amount
CARES	$480,000
ELC2	$336,506
ELC3	$1,768,494
Total	$2,585,000

2. TOTAL SUBRECIPIENT AGREEMENT AMOUNT

Services	Amount
Fiscal Intermediary and Support Cost	$565,000
Allocation to CBOs/FBOs for COVID-19 Collaborated Efforts	$2,585,000
Total	**$3,150,000**

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3. Invoicing

Source of Funding	Distribution	Time Coverage
CARES Funding	Upon execution of Agreement.	Effective date – Dec 31, 2021
Epidemiology and Laboratory Capacity - Enhancing Detection (ELC2)	Quarterly invoice up to the last quarter. Last quarter switch to monthly invoicing (months 1 and 2 may continue to include estimated expenses. Last month must reflect actual expenses.)	January 1, 2021 – June 30, 2021
Epidemiology and Laboratory Capacity - Enhancing Detection Expansion (ELC3)	Quarterly invoice up to the last quarter. Invoice schedule as follows: Execution of A1 - $300,000 July 1, 2021 - $300,000 October 1, 2021 - $300,000 Jan 1, 2022 - March 31, 2022 - switch to monthly invoicing (months 1 and 2 may continue to include estimated expenses. Last month must reflect actual expenses.) April 1, 2022 – Dec 31, 2022, continue invoicing on a monthly basis due the 15th of the following month and must reflect actual expenses. Invoices must include supporting documentation specified on Section 3, Paragraph a) in the Agreement.	April 1, 2021 – March 31, 2022 April 1, 2022 – December 31, 2022

4. SUBRECIPIENT understands and agrees:

4.1 Funds may only be used for expenditures necessary to educate about and address the COVID-19 pandemic.

4.2 They may not be allowed to purchase incentives or provide stipends to individuals to encourage a specific action (e.g., testing, wearing a mask, participating in contact tracing, etc..).

4.3 COUNTY and SUBRECIPIENT will comply with all audit requirements outlined in the agreement.

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ATTACHMENT 2

Census Tracts in the Lowest Quartile of the Healthy Places Index

lnteractive map link:

https://countyofriverside.maps.arcgis.com/apps/webappviewer/index.html?id=08b3fa52b06a4837b8544ff3111fdd5

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ATTACHMENT 3

Examples of Allowable Activities under this Funding Opportunity
(Rev. 3.18.22)

Activities are eligible for funding in three (3) areas, including (but not limited to):

The Desert Healthcare Foundation continues to support the Coachella Valley Equity Collaborative and will maintain existing partnerships with local school districts, local colleges, healthcare providers, growers, employers, and other community partners. Assists with coordination and equitable deployment of healthcare resources including but not limited to testing, vaccines, monoclonal antibodies, and antiviral medication, and coordinate public outreach and education, including but not limited to, training for partners and staff conducting testing, outreach, and education.

Public outreach and education (including training for staff conducting outreach/education)

1. Topics:
    a. COVID-19 vaccine facts
    b. COVID-19 vaccine – Why, How, What to Expect
    c. Frequently asked questions about COVID-19, variants, vaccines, treatment, statistics.
    d. Schedule first and second doses, as needed
    e. Schedule booster shots as needed.
    f. Schedule vaccines for children.

2. Methods (English, Spanish, Purépecha):
    a. Social Media Activities (specially to reach younger populations).
    b. Radio Advertisements.
    c. Print media advertisements.
    d. Storytelling and Testimonials.
    e. Door-to-door outreach by Community Health Workers (Promotores).
    f. Flyers (excluding V-safe flyer/resources), brochures, and other printed educational materials.
    g. Television Advertisements.
    h. Connect IE (a public outreach website that provides Inland empire residents with community resources)
    i. Coordination with the COUNTY Business Ambassador Program.

COVID-19 vaccine and testing, including mobile vaccination/testing clinics

1. Inform and refer community members and businesses about existing COVID-19 vaccination and testing sites
    a. Current information on testing locations and hours can be found http://www.ruhealth.org/covid-19-vaccine

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   b. Vaccination and testing clinic dates, hours, and locations may be adjusted to accommodate a large business or community members.
   c. CBOs may assist with transportation
   d. Develop informational flyers (excluding V-safe flyer/resources), and/or social media campaigns to raise awareness about upcoming vaccination/testing clinics
2. COVID-19 Mobile Vaccination and Testing Sites
   a. COUNTY Mobile Teams or other healthcare providers will administer COVID-19 vaccine doses.
   b. COUNTY will provide lists of vaccine recipients for follow-up appointments as needed, ensuring HIPAA policies and procedures for maintaining the privacy and the security of individually identifiable health information is enforced.
   c. CBOs will help identify locations, dates, and times for vaccination/testing events
   d. CBOs will advertise the vaccination/testing events and recruit participation from the community
   e. CBOs may assist with transportation
   f. Focus on high-risk communities

Provide COVID-19 Resources to Communities in Need

1. Connect families to transportation, housing assistance, cash assistance, food banks, healthcare services, etc.
2. Purchase supplies and/or personal protective equipment (PPE) for individuals and families as a means to promote harm reduction
   a. Hand sanitizer
   b. Masks
   c. Hand washing stations
   d. Cleaning/disinfectant
   e. Gloves
   f. Other items to be identified by the community that are subject to approval by CoR-Public Health and align with grant guidelines

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ATTACHMENT 4

Eligible CBOs

SUBRECIPIENT shall distribute funding to the identified selected CBO's in the table below.

Eligible CBO's	**Increased Amount – Amendment 2**
Alianza CV	$35,000
El Sol Neighborhood Educational Center (NEC)	$150,000
Galilee Center	$35,000
Lideres Campesinas	$35,000
Pueblo Unido	$35,000
TODEC	$300,000
Youth Leadership Institute	$35,000
Total CBO ELC Funding Allocation:	**$625,000**

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Scope of Work Expansion
Desert Healthcare Foundation

DRAFT as of 04/01/2022

The County of Riverside (CoR) amends the existing agreement with Desert Healthcare Foundation (DHCF) in its coordinating role and as Fiscal Intermediary to distribute funds to Community-Based Organizations (CBOs) participating in the Coachella Valley Equity Collaborative. The amendment intends to continue supporting the work of CBOs in the prevention, identification, and mitigation of COVID-19, and expand supporting COVID-19 vaccination efforts to serve communities that have been disproportionately impacted by the disease. These impacted communities include, but are not limited to, those census tracts identified by the California Department of Public Health (CDPH) as being in the lowest quartile of the Healthy Places Index (HPI) [**See Attachment 1**].

Funds from the CoR may only be used for expenditures necessary to educate about and address the current COVID-19 pandemic, including vaccine outreach, education, enrollment, appointments, follow-ups, and any additional activities that may be necessary to fully vaccinate as many eligible recipients as possible, and to assist with treatment resources. They may not be allowed to purchase incentives or provide stipends to individuals to encourage a specific action (e.g., testing, wearing a mask, participating in contact tracing, etc). Funds may not be allocated to any agency/location without receiving approval of the CoR – Public Health.

DHCF Responsibilities:

1. Implement an expedited and streamlined application process and funding mechanism to directly fund CBOs [**See Attachment 3**] to perform COVID-19 testing and vaccination outreach, education, and/or response activities.
2. Identify a lead organization(s) for each geographic/focus area to coordinate with other CBOs/FBOs (Faith-Based Organizations) that are funded so that activities and events are coordinated.
3. Collect, review, and approve completed applications for funding from CBOs. Applications should include a Scope of Work (SOW), budget, budget justification, and evaluation plan. Examples of allowable activities are provided [**See Attachment 2**].
4. Facilitate weekly meetings to ensure grantees' activities are coordinated, that active collaboration amongst grantees occurs, and lessons learned are shared.
5. Receive and compile quarterly progress reports from grantees and provide them to CoR – Public Health. Progress reports will include a highlight of activities conducted (e.g., number of tests/vaccines performed at the testing/vaccination events, number of persons contacted through outreach, numbers of vaccines and other supplies distributed, etc.) dollars spent and encumbered, and any administrative costs incurred.
6. Compile a final report at the end of the contract period .
7. Intervene and redirect funds if necessary, to ensure funding is utilized by the required timelines.

8. Ensure that $540,000 funding is spent (invoiced, processed, and paid) by the end of the contract period.
9. Share impact stories, testimonials, and photos for use on social media, newspapers, press conferences, and/or other messaging platforms.
10. Share data and other key information provided by CoR-Public Health with CBOs and FBOs.
11. Collaborate with CoR-Public Health to collect, analyze and report COVID-19 vaccine data using an equity lens and inform Collaborative priorities.
12. Maintain and regularly update a master calendar of events for all CBOs performing activities or hosting events under this funding opportunity.
13. Facilitate meetings between the DHCF, CBOs, FBOs, CoR-Public Health, and others to discuss COVID-19 vaccination strategies, opportunities for improved or better coordination, and to highlight success stories.
14. Identify additional resources needed to support, enhance and/or expand on-going activities.

CoR – Public Health Responsibilities:

1. Provide funding to DHCF to serve as the local coordinator of the Coachella Valley Equity Collaborative and as the Fiscal Intermediary to fund CBOs to perform COVID-19 testing, vaccination outreach, education, and response activities.
2. Review and approve messaging campaigns to ensure consistency of information with a turn-around time of fewer than 48 hours.
3. Make available all messaging materials, videos, press releases, and educational materials (in English and Spanish) to CBOs and FBOs to adapt, modify, or use for outreach and education purposes.
4. Provide data on a weekly-basis to DHCF on vaccination and testing, case and mortality rates in the Coachella Valley.
5. Include DHCF in meetings and discussions related to vaccination strategies, areas of focus, and resource availability.
6. Provide information on County-funded programs that provide social support.
7. Assist DHCF, CBOs, and FBOs with the development of consistent messaging on the status of the pandemic and the re-opening process/tier movement.
8. Assist the DHCD, CBOs, and FBOs in their efforts to secure and reserve County facilities to support project activities.
9. Compensate DHCF for providing administrative oversight for the grant/project. Compensation will be $90,000.

Attachment 1: Census Tracts in the Lowest Quartile of the Healthy Places Index

Epi to provide census tracts

Attachment 2: Examples of Allowable Activities under this Funding Opportunity

Activities are eligible for funding in three (3) areas, including (but not limited to):

The Desert Healthcare Foundation continues to support the Coachella Valley Equity Collaborative and will maintain existing partnerships with local school districts, local colleges, healthcare providers, growers, employers, and other community partners. Assists with coordination and equitable deployment of healthcare resources including but not limited to testing, vaccines, monoclonal antibodies, and antiviral medication, and coordinate public outreach and education, including but not limited to, training for partners and staff conducting testing, outreach, and education.

Public outreach and education (including training for staff conducting outreach/education)

1. Topics:
    a. COVID-19 vaccine facts
    b. COVID-19 vaccine – Why, How, What to Expect
    c. Frequently asked questions about COVID-19, variants, vaccines, treatment, statistics.
    d. Schedule first and second doses, as needed
    e. Schedule booster shots as needed.
    f. Schedule vaccines for children.

2. Methods (English, Spanish, Purépecha):
    a. Social Media Activities (especially to reach younger populations).
    b. Radio Advertisements.
    c. Print media advertisements.
    d. Storytelling and Testimonials.
    e. Door-to-door outreach by Community Health Workers (Promotoras).
    f. Flyers, brochures, and other printed educational materials.
    g. Television Advertisements.
    h. Connect IE
    i. Coordination with CoR Business Ambassador Program.

COVID-19 vaccine and testing, including mobile vaccination/testing clinics

1. Inform and refer community members and businesses about existing COVID-19 vaccination and testing sites
    a. Current information on testing locations and hours can be found https://teamup.com/ksjtu3c1eoo4moghm7
    b. Vaccination and testing clinic dates, hours, and locations may be adjusted to accommodate a large business or community members.
    c. CBOs may assist with transportation
    d. Develop informational flyers and/or social media campaigns to raise awareness about upcoming vaccination/testing clinics

2. COVID-19 Mobile Vaccination and Testing Sites
    a. CoR Mobile Teams or other healthcare providers will administer COVID-19 vaccine doses.
    b. CoR will provide lists of vaccine recipients for follow-up appointments as needed
    c. CBOs will help identify locations, dates, and times for vaccination/testing events
    d. CBOs will advertise the vaccination/testing events and recruit participation from the community
    e. CBOs may assist with transportation
    f. Focus on high-risk communities

Get Resources to Communities in Need

1. Connect families to transportation, housing assistance, cash assistance, food banks, healthcare services, etc.
2. Purchase supplies and/or personal protective equipment (PPE) for individuals and families as a means to promote harm reduction
    a. Hand sanitizer
    b. Masks
    c. Hand washing stations
    d. Cleaning/disinfectant
    e. Gloves
    f. Other items to be identified by the community

COUNTY OF RIVERSIDE
AMENDMENT NO. 1 TO THE SUBRECIPIENT AGREEMENT
WITH
DESERT HEALTHCARE FOUNDATION

Original Contract Term:	July 1, 2020 through December 31, 2020
Contract Term Extended To:	March 31, 2022
Effective Date of Amendment:	December 31, 2020
Original Contract Amount:	$1,200,000
Amended Contract Amount:	$2,400,000 (an increase of $1,200,000)

This Amendment No. 1 (Amendment) to the Fiscal Intermediary and COVID-19 Support to Community Based Organizations and Faith Based Organizations in the Coachella Valley and Eastern Coachella Valley Subrecipient Agreement (Agreement) entered into on October 29, 2020, by and between the County of Riverside, a political subdivision of the State of California, on behalf of its Riverside University Health System - Public Health ("COUNTY"), and Desert Healthcare Foundation, a California non-profit organization, ("SUBRECIPIENT"), is now amended as follows:

Article 2, Period of Performance, first sentence is deleted in its entirety and replaced with the following: "This Agreement shall be effective from October 29, 2020 (the "Effective Date") and continue in effect through March 31, 2022."

Article 3, Compensation, Section 3.1, is deleted in its entirety and replaced with the following:

"**3.1** COUNTY shall pay SUBRECIPIENT the amount not to exceed twenty percent (20%) of CARES Act funding and twenty percent (20%) of Epidemiology and Laboratory Capacity - Enhancing Detection (ELC2) funding for services rendered in Exhibit A of this Agreement, and the amount not to exceed of $200,000 of Epidemiology and Laboratory Capacity - Enhancing Detection Expansion (ELC3) funding for services rendered in Exhibit A-1 attached hereto, to cover administrative costs incurred as part of this Agreement, as specified in the Payment Provision Exhibit B attached hereto."

Article 3, Compensation, Section 3.2, is deleted in its entirety and replaced with the following:

"**3.2** COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or products. Unless otherwise specifically stated in Exhibit B and Exhibit B-1, COUNTY shall not be responsible for payment of any of SUBRECIPIENT's expenses related to this Agreement. One hundred percent (100%) of all funding allocated to SUBRECIPIENT, pursuant to this Agreement, shall be expended as specified in Table 1: Funding Expenditure Deadlines below:

Table 1: Funding Expenditure Deadlines

Funding Source	Amount	Expenditure Deadline
CARES Funding	$600,000	12/31/2021
Epidemiology and Laboratory Capacity - Enhancing Detection (ELC2)	$600,000	6/30/2021
Epidemiology and Laboratory Capacity - Enhancing Detection Expansion (ELC3)	$1,200,000	3/31/2022

Any CARES Act funding and any ELC funding paid to SUBRECIPIENT, but not expended by the deadline expressed above or not expended because of early termination of this Agreement, shall be returned to COUNTY immediately upon termination of this Agreement."

Article 3, Compensation, Section 3.3, is deleted in its entirety and replaced with the following:

"**3.3** SUBRECIPIENT shall be paid only in accordance with an invoice submitted to the COUNTY by SUBRECIPIENT as specified in Exhibit B, and the COUNTY shall pay the invoice within thirty (30) working days from the date of receipt of the invoice. For this Agreement, mail or e-mail the original copy of invoice(s) to:

Riverside County - Public Health
Fiscal – Accounts Payable
PO BOX 7849
Riverside, California 92513
RIVCOPH-AP@ruhealth.org

a) Each invoice shall contain a minimum of the following information: invoice number and date; remittance address; bill-to addresses of ordering department/division; Agreement number (insert contract ID#21-024); Grant number (insert Grant #HS100176 for ECL2 funding and Grant# HS100181 for ELC3 funding); item descriptions, and an invoice total.

b) Invoices shall be rendered as specified in Exhibit B attached.

c) May request up to twenty-five percent (25%) upfront of the ELC2 increased funding and twenty-five percent (25%) upfront of the ELC3 funding.

Article 21, Subcontractors/CBOs/FBOs, is hereby added to this Agreement, and shall read:

" **21.1 Agreements.** Subcontractors, community based organizations (CBOs), and faith based organizations (FBOs) are to be used to accomplish part of the services of this Agreement. SUBRECIPIENT shall establish a written agreement between the

subcontractor(s)/COBs/ FBOs and must include Health Insurance Portability & Accountability Act (HIPAA) and Business Associate Addendum (BAA); Exhibit C Federal Provisions; insurance language and retention of records language for auditing purposes.

21.2 Progress Reports. SUBRECIPIENT shall receive and compile progress reports from subcontractors/CBOs/FBOs and provide them to COUNTY as specified in Table 2: Progress Reports Deadlines, below. Progress reports will include a highlight of activities conducted (e.g., number of tests performed at the testing event, number of persons contacted through outreach, numbers of supplies distributed, number of people vaccinated through outreach efforts, etc.), dollars spent and encumbered, and any administrative costs incurred. Submit all progress reports to ELC_Reports@ruhealth.org.

Table 2: Progress Reports Deadlines

Grant–Funding Source	Reporting Period	Reports Due
ELC2	Jan 1, 2021 – Mar 31, 2021	5/15/2021
ELC2	Apr 1, 2021 – Jun 30, 2021	8/15/2021
ELC3	Apr 1, 2021 – Jun 30, 2021	8/15/2021
ELC3	Jul 1, 2021 – Sep 30, 2021	11/15/2021
ELC3	Oct 1, 2021 – Dec 31, 2021	2/15/2022
CARES	Jan 1, 2021 – Dec 31, 2021	2/15/2022
ELC3	Jan 1, 2022 – Mar 31, 2022	5/15/2022

Exhibit A-1, SCOPE OF SERVICES – ELC3 Funding, consisting of two (2) pages, is hereby made part this Agreement.

Exhibit B, PAYMENT PROVISION, is deleted in its entirety and replaced with the new Exhibit B, PAYMENT PROVISIONS, consisting of two (2) pages, attached and incorporated herein.

Attachment 3, Examples of Allowable Activities under this Funding Opportunity, is deleted in its entirety and replaced with new Examples of Allowable Activities under this Funding Opportunity rev. 3.24.21, consisting of one (1) page, attached hereto.

Attachment 4, Eligible CBOs, consisting of one (1) page, is hereby made part of this Agreement.

To Amend all references to the date of expenditure deadline of CARES funding allocation to SUBRECIPIENT pursuant to the Agreement from December 30, 2020 to December 31, 2021.

All other terms and conditions of the Agreement not modified herein shall remain unchanged.

[SIGNATURES ON NEXT PAGE]

IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

COUNTY OF RIVERSIDE, a political subdivision of the State of California

By: _____

Name: Jeffrey A. Van Wagenen, Jr.

Title: CEO

Dated: 5·11·21

DESERT HEALTHCARE FOUNDATION, a California non-profit organization

By: _____

Name: Conrado E. Bárzaga, MD

Title: CEO

Dated: 5/6/21

RATIFICATION:

By: _____

Karen Spiegel

Chair of the Board of Supervisors

ATTEST: Kecia R. Harper, Clerk

By: _____

APPROVED AS TO FORM:

Gregory P. Priamos,

County Counsel

By: _____

Esen Sainz, Deputy County Counsel

EXHIBIT A
SCOPE OF SERVICES

Background:
The Parties agree to amend the Subrecipient Agreement in order for SUBRECIPIENT continue to be the Fiscal Intermediary to the CARES and ELC2 funding, and to distribute new moneys from the ELC3 funding to Community Based Organizations (CBOs) and Faith-Based Organizations (FBOs) participating in the Coachella Valley Equity Collaborative. The amendment intends to continue supporting the work of CBOs in the prevention, identification, and mitigation of COVID-19, and expand supporting COVID-19 vaccination efforts to serve communities that have been disproportionately impacted by the disease. These impacted communities include, but are not limited to, those census tracts identified by the California Department of Public Health (CDPH) as being in the lowest quartile of the Healthy Places Index (HPI), as specified in the Agreement.

SUBRECIPIENT Responsibilities:

A. <u>CARES and ELC2 Funding</u>

SURECIPIENT shall continue to provide fiscal intermediary and support services as follows:

1. Implement an expedited and streamlined application process and funding mechanism to directly fund CBOs and FBOs to perform COVID-19 outreach, education, and/or response activities.
2. Identify a lead organization(s) for each geographic/focus area to coordinate with other CBOs/FBOs that are funded so that activities and events are coordinated.
3. Collect, review, and approve completed applications for funding from CBOs and FBOs. Applications should include a Scope of Work (SOW), budget, budget justification, and evaluation plan. Examples of allowable activities are provided [See Attachment 3].
4. Facilitate weekly meetings to ensure grantees' activities are coordinated, that active collaboration amongst grantees occurs, and lessons learned are shared.
5. Receive and compile progress reports from grantees and provide them to COUNTY by the 15th of the following month. Progress reports will include a highlight of activities conducted (e.g., number of tests performed at the testing event, number of persons contacted through outreach, numbers of supplies distributed, etc.), dollars spent and encumbered, and any administrative costs incurred.
6. Compile a final report by period (8/15/2021).
7. Intervene and redirect funds if necessary, to ensure funding is utilized by the required timelines.
8. Ensure the CARES Act funding is spent (invoiced, processed, and paid) by December 31, 2021.

9. Ensure that the ELC2 funding is spent (invoiced, processed, and paid) by June 30, 2021.
10. Share impact stories, testimonials, and photos for use on social media, newspapers, press conferences, and/or other messaging platforms. Any publication or advertisement in any form of media requires review and approval by the County of Riverside PIO office or Public Health PIO whichever is applicable.
11. Share data and other key information provided by COUNTY with CBOs and FBOs.
12. Develop asset maps for the impacted areas/target populations and/or focus areas in collaboration with grantees.
13. Collaborate with the COUNTY and the CBOs and FBOs on developing a campaign theme and name that will be utilized by all agencies/organizations involved as a "unifying element".
14. Develop and regularly update a master calendar of events for all CBOs and FBOs performing activities or hosting events under this funding opportunity.
15. Facilitate meetings between the SUBRECIPIENT, CBOs, FBOs, COUNTY, and the Growers to discuss COVID-19 prevention strategies, opportunities for improved or better coordination, and to highlight success stories.
16. Identify additional resources needed to support, enhance and/or expand on-going activities.

B. <u>ELC 3 Funding</u>

SURECIPIENT shall provide fiscal intermediary and support services as follows:

1. Implement an expedited and streamlined application process and funding mechanism to directly fund CBOs [**See Attachment 4**] to perform COVID-19 testing and vaccination outreach, education, and/or response activities.
2. Identify a lead organization(s) for each geographic/focus area to coordinate with other CBOs/FBOs that are funded so that activities and events are coordinated.
3. Collect, review, and approve completed applications for funding from CBOs and FBOs. Applications must include a Scope of Work (SOW), budget, budget justification, and evaluation plan. Examples of allowable activities are provided [**See Attachment 3**].
4. Facilitate weekly meetings to ensure grantees' activities are coordinated, that active collaboration amongst grantees occurs, and lessons learned are shared.
5. Receive and compile quarterly progress reports from grantees and provide them to COUNTY. Progress reports will include a highlight of activities conducted (e.g., number of tests/vaccines performed at the testing/vaccination event, number of persons contacted through outreach, numbers of vaccines and other supplies distributed, etc.) dollars spent and encumbered, and any administrative costs incurred.
6. Compile a final report at the end of the contract period (3/31/2022).
7. Intervene and redirect funds if necessary, to ensure funding is utilized by the required timelines.
8. Ensure that new funding of $1,200,000 funding is spent (invoiced, processed, and paid) by March 31, 2022.
9. Share impact stories, testimonials, and photos for use on social media, newspapers, press conferences, and/or other messaging platforms. Any publication or advertisement in any form of media requires review and approval by the County of Riverside PIO office or Public Health PIO whichever is applicable.

10. Share data and other key information provided by COUNTY with CBOs and FBOs.
11. Collaborate with COUNTY to collect, analyze and report COVID-19 vaccine data using an equity lens and inform Collaborative priorities.
12. Maintain and regularly update a master calendar of events for all CBOs performing activities or hosting events under this funding opportunity.
13. Facilitate meetings between the SUBRECIPIENT, CBOs, FBOs, COUNTY, and others to discuss COVID-19 vaccination strategies, opportunities for improved or better coordination, and to highlight success stories.
14. Identify additional resources needed to support, enhance and/or expand on-going activities.

COUNTY Responsibilities:

1. Provide funding to SUBRECIPIENT to serve as the Fiscal Intermediary to fund CBOs to perform COVID-19 vaccination outreach, education, and response activities.
2. Review and approve messaging campaigns to ensure consistency of information with a turn-around time of fewer than 48 hours.
3. Make available all messaging materials, videos, press releases, and educational materials to CBOs and FBOs to adapt, modify, or use for outreach and education purposes.
4. Provide data on a weekly basis to SUBRECIPIENT on vaccination and testing, case and mortality rates in the Coachella Valley.
5. Include SUBRECIPIENT in meetings and discussions related to vaccination strategies, areas of focus, and resource availability.
6. Provide information on County-funded programs that provide social support.
7. Assist SUBRECIPIENT, CBOs, and FBOs with the development of consistent messaging on the status of the pandemic and the re-opening process/tier movement.
8. Assist the SUBRECIPIENT, CBOs, and FBOs in their efforts to secure and reserve County facilities to support project activities.

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EXHIBIT B
PAYMENT PROVISION

SUBRECIPIENT shall receive payment by the COUNTY for the following services provided as specified in Exhibit A, Scope of Services: fiscal intermediary services and COVID-19 collaborated effort services. SUBRECIPIENT is compensated both as the fiscal intermediary and as a funded CBO to perform Collaborated COVID-19 Effort Services.

1. FISCAL INTERMEDIARY AND SUPPORT SERVICES

1.1 SUBRECIPIENT's compensation for fiscal intermediary and administration services:

Fiscal Intermediary and Administration Grant Funding Services	Amount
CARES	$120,000
ELC2	$120,000
ELC3	$200,000
Total	$440,000

1.2 Distribution of allocations to CBOs/FBOs:

Funding Distribution to CBOs and FBOs	Amount
CARES	$480,000
ELC2	$480,000
ELC3	$1,000,000
Total	$1,960,000

2. TOTAL SUBRECIPIENT AGREEMENT AMOUNT

Services	Amount
Fiscal Intermediary and Support Cost	$440,000
Allocation to CBOs/FBOs for COVID-19 Collaborated Efforts	$1,960,000
Total	**$2,400,000**

3. Invoicing

Source of Funding	Distribution	Time Coverage
CARES Funding	Upon execution of Agreement.	Effective date – Dec 31, 2021
Epidemiology and Laboratory Capacity - Enhancing Detection (ELC2)	Quarterly invoice up to the last quarter. Last quarter switch to monthly invoicing (months 1 and 2 may continue to include estimated expenses. Last month must reflect actual expenses.)	January 1, 2021 – June 30, 2021
Epidemiology and Laboratory Capacity - Enhancing Detection Expansion (ELC3)	Quarterly invoice up to the last quarter. Invoice schedule as follows: Execution of A1 - $300,000 July 1, 2021 - $300,000 October 1, 2021 - $300,000 Jan 1, 2022-March 31, 2022 - switch to monthly invoicing (months 1 and 2 may continue to include estimated expenses. Last month must reflect actual expenses.)	April 1, 2021 – March 31, 2022

4. SUBRECIPIENT understands and agrees:

4.1 Funds may only be used for expenditures necessary to educate about and address the current COVID-19 pandemic.

4.2 They may not be allowed to purchase incentives or provide stipends to individuals to encourage a specific action (e.g., testing, wearing a mask, participating in contact tracing, etc).

4.3 All funds will be paid to once the Agreement is executed. Funds received are to be placed in a separate, non-interest-bearing account.

4.4 COUNTY and SUBRECIPIENT will comply with all audit requirements outlined in the agreement.

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Attachment 3

Examples of Allowable Activities under this Funding Opportunity
(Rev. 3.24.21)

Activities are eligible for funding in two (2) areas, including (but not limited to):

Public outreach and education (including training for staff conducting outreach/education)

1. Topics:
    a. COVID-19 vaccine facts.
    b. COVID-19 vaccine – Why, How, What to Expect.
    c. Schedule first and second doses, as needed.

2. Methods (English, Spanish, Purépecha):
    a. Social Media Activities (especially to reach younger populations).
    b. Radio Advertisements.
    c. Print media advertisements.
    d. Story Telling and Testimonials.
    e. Door-to-door outreach by Community Health Workers (Promotoras).
    f. Development of an app to provide education/outreach.
    g. Flyers, brochures, and other printed educational materials.
    h. Television Advertisements.
    i. Resource Book.
    j. CVHIP.com.
    k. Resource Referral Form/Process.
    l. Development of Case Studies.
    m. Coordination with CoR Business Ambassador Program.

COVID-19 vaccine, Including Mobile Vaccination Sites

1. Inform and Refer people and businesses about existing COVID-19 vaccination sites
    a. Current information on testing locations and hours can be found at https://www.ruhealth.org/covid-19-vaccine
    b. Vaccination dates and hours may be adjusted to accommodate a large business or community but must be coordinated with CoR-Public Health
    c. CBOs may assist with transportation
2. COVID-19 Mobile Vaccination Sites
    a. CoR Mobile Teams will administer COVID-19 vaccine doses
    b. CoR will provide lists of vaccine recipients for follow-up appointments as needed
    c. CBOs will help identify locations, dates, and times for vaccination events
    d. CBOs will advertise the vaccination events and recruit participation from the community
    e. CBOs may assist with transportation
    f. Focus on high-risk communities

Attachment 4

CBOs

SUBRECIPIENT shall distribute $125,000.00 to each of the identified selected CBO's in the table below.

Eligible CBO's	**Amount**
Alianza CV	$125,000
El Sol Neighborhood Educational Center (NEC)	$125,000
Galilee Center	$125,000
Lideres Campesinas	$125,000
Pueblo Unido	$125,000
TODEC	$125,000
Vision y Compromiso	$125,000
Youth Leadership Institute	$125,000
Total CBO ELC3 Funding Allocation:	**$1,000,000**

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COVID-19
Emergency Procurement Form
(for non-IT related procurements)

In response to the COVID-19 pandemic, the Emergency Service Director has authorized the temporary lifting of procurement guidelines that require obtaining three quotes for purchases over $5,000 that are **directly related to providing a safe and secure environment for the protection of the public and employee health.**

COVID-19 emergency procurements shall be defined as materials, supplies, equipment or services that are directly related to activities in response to the COVID-19 pandemic.

This form is to be utilized by departments to **report** COVID-19 procurements over $5,000 that did not involve securing competitive pricing. Completion and submittal of this form must occur within 24 hours of the purchase.

Departments may not misuse this temporarily suspension of procurement guidelines and purchase items that are not related to the COVID-19 pandemic without seeking competitive bids or secured through awarded contracts.

Complete the following information for reporting of purchases over $5,000 and submit to Purchasing – Emergency Procurement Form at purchasing-epf@rivco.org.

Agency/Department: Public Health Total Dollar Amount: $1,200,000 increase ($2,400,000 total contract)

Department Contact Name: Lucy Aldana Contact Phone: 951-358-5012

Vendor Name: Desert Healthcare Foundation

Date of Purchase: ASAP

Provide a brief summary of the materials, equipment, and/or services purchased. Attach a copy of the quote.

Amendment to include COVID-19 vaccination outreach.

By signing this form, you are confirming that this purchase is in response to the COVID-19 pandemic.

Department Head or designee Signature	Title	Date
	Asst PH Dir	4/21/21

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: April 26, 2022

To: Board of Directors

Subject: Inland Empire Healthcare (IEHP) ConnectIE Service Agreement

Staff Recommendation: Recommendation to Approve IEHP agreement for $83,000.

Background:

- CVHIP was developed in early 2015 using a multi-year collective fund ($300,000) formed in collaboration with the City of Palm Springs with proceeds from the Mayor's Race and Wellness Festival. Staff from various local community organizations participated in training and presentation on the functionality and usability of CVHIP.

- CVHIP was relaunched in March 2018 with new branding and an approved $39,000 budget for the first phase (May 2018 to August 2018) of a public marketing campaign managed by O'Bayley Communications. Results from the first phase did not meet expectations and future marketing efforts were discussed and placed on hold.

- DHCD/F staff had meetings with representatives from IEHP and Aunt Bertha (platform developer) to gather more information on the ConnectIE platform and concluded that there was an opportunity for further collaboration. Part of this collaboration included adopting the ConnectIE branding and marketing here in the Coachella Valley.

- The collaboration with IEHP also came with funding to support DHCD/F staff in the promotion of Connect IE to the public, along with onboarding Coachella Valley organizations and agencies into the database and the electronic referral network.

- DHCD/F staff have been participating in meetings and trainings to learn and guide the development process of the electronic referral network. Staff will also be trained on new features and capabilities of the revamped ConnectIE platform, which is set to launch on July 1, 2022.

- Staff recommends approval of agreement with IEHP for $83,000.

Fiscal Impact

$83,000 (income) from the professional services agreement with IEHP (enclosed)

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PROFESSIONAL SERVICES AGREEMENT

FOR

CONNECT IE PROJECT SERVICES

BETWEEN

INLAND EMPIRE HEALTH PLAN

AND

DESERT HEALTHCARE DISTRICT AND FOUNDATION

INLAND EMPIRE HEALTH PLAN

PROFESSIONAL SERVICES AGREEMENT
INLAND EMPIRE HEALTH PLAN

This Professional Services Agreement ("Agreement") is made and entered into by and between Inland Empire Health Plan ("IEHP"), a local public entity of the State of California, and Desert Healthcare District and Foundation ("CONTRACTOR") (jointly, "Parties"):

RECITALS

WHEREAS, IEHP is in need of the professional services offered by CONTRACTOR;

WHEREAS, CONTRACTOR is a trusted entity in the Coachella Valley and has played a significant role in the current success of Connect IE. CONTRACTOR continues to expand the impact and the utilization of Connect IE by engaging, training, and supporting provider agencies, including new features and functionality as Connect IE becomes a Community Information Exchange (the CIE) in the Coachella Valley;

WHEREAS, IEHP is required by CalAIM to implement a Community Resource Platform and CONTRACTOR has an existing platform known as "CVHIP," which covers the Coachella Valley;

WHEREAS, through a partnership, CONTRACTOR and IEHP can develop one of the largest and most accurate CIE platforms through their established relationships and proven market strategy; and

WHEREAS, CONTRACTOR provided IEHP with documentation of its qualifications to perform the scope of work described in Attachment A;

NOW THEREFORE in consideration of the mutual covenants contained herein and in the following attachments:

ATTACHMENT A – SCOPE OF SERVICES
ATTACHMENT B – SCHEDULE OF FEES
ATTACHMENT C – OWNERSHIP INFORMATION

The Parties mutually agree as follows:

1. <u>SERVICES</u>

A. CONTRACTOR shall fully perform, complete and deliver on time, the services specified in Attachment A in accordance with industry performance standards.

B. During the term of this Agreement, CONTRACTOR, at its sole expense, shall maintain any applicable professional license(s), permits and certifications required by law in connection with the performance of services herein.

C. CONTRACTOR shall not contract with any other entity or individual to perform, in whole or in part, the services required hereunder without the express written approval of IEHP.

2. COMPENSATION

A. IEHP shall compensate CONTRACTOR as outlined in Attachment B upon approval of a properly presented invoice for services. Payment shall be made "net-30" terms from the date of receipt of a complete invoice. Invoices from CONTRACTOR must be received by IEHP no later than ninety (90) days from the last day of the month which services were rendered. Invoices submitted after the aforementioned time period are not eligible for reimbursement.

B. The Parties expressly agree that payment to CONTRACTOR does not constitute or imply acceptance by IEHP of any portion of CONTRACTOR's work.

C. Compensation per this Agreement is contingent upon availability of state and federal funds. If, for any reason, such funds are not forthcoming, IEHP shall notify CONTRACTOR in writing and this Agreement shall be rendered null and void on the date of receipt. In the event of such termination, CONTRACTOR shall be entitled to reimbursement of costs for services rendered in accordance with this Agreement.

3. TERM AND TERMINATION

A. Term of Agreement. This Agreement shall be effective from ("Effective Date") to December 31, 2022, unless terminated earlier in accordance with the terms of this Agreement.

B. Termination.

1) IEHP, in its sole discretion, reserves the right to terminate this Agreement at any time, with or without cause, upon thirty (30) days' written notice to CONTRACTOR.

2) IEHP may terminate CONTRACTOR for cause if CONTRACTOR fails to fulfill its obligations under this Agreement, engages in fraud or any other unlawful activity, excluded, terminated, or suspended from participation in any state or federal health care program. Such termination shall be effected upon five (5) days' written notice to CONTRACTOR.

C. Effect of Termination.

1) If, for any reason, this Agreement is terminated prior to full completion of services, CONTRACTOR agrees to immediately furnish to IEHP all

documents related to services rendered under this Agreement, including without limitation, copies of work papers, schedules or other work products related to this Agreement.

2) Unless otherwise provided herein, the rights and obligations of any party which by their nature extend beyond the expiration or termination of this Agreement, shall continue in full force and effect, notwithstanding the expiration or termination of this Agreement. This includes, without limitation, the following provisions: INDEMNIFICATION, LIMITATION OF LIABILITY, CONFIDENTIALITY, GOVERNING LAW, and VENUE.

4. INDEMNIFICATION

CONTRACTOR shall defend, indemnify, and hold harmless IEHP, its Governing Board, directors, officers, employees, agents and representatives (individually and collectively hereinafter referred to as "Indemnitees"), at its sole expense, from and against any and all costs, fees, liabilities or expenses, losses, costs of investigations, defense, settlement, claim, demand, and expense of any kind, arising out of the performance of services or the omissions of the CONTRACTOR, its officers, employees, subcontractors, agents or representatives pursuant to this Agreement (and as noted in Attachment A).

5. LIMITATION OF LIABILITY

Without affecting the indemnification obligations set forth in this Agreement, in no event shall either party be liable for consequential, indirect, or incidental damages, including, without limitation, lost profits, arising out of the services provided under this Agreement.

6. INSURANCE

CONTRACTOR shall maintain, at its sole cost and expense, insurance coverage CONTRACTOR customarily required to perform CONTRACTOR's business operations, in amounts necessary to protect CONTRACTOR, its officers, agents, and employees, as applicable, in the discharge of its responsibilities and obligations under this Agreement.

7. CONFIDENTIALITY

With consent of the other party, ("Disclosing Party") or as otherwise required by law, each party receiving Confidential Information ("Receiving Party"), shall only disclose such information to its employees and third party consultants who have a bona fide need to know and a written agreement restricting use and disclosure to no less an extent as that required of the parties under this Agreement or as otherwise required by law.

8. NONDISCRIMINATION

CONTRACTOR shall not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, income, health status or age in the performance of this Agreement, and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the Fair Employment and Housing Act (commencing with Section 12900 *et seq.* of the Government Code), and Federal Civil Rights Act of 1964 (P.L. 88-352).

9. CONFLICT OF INTEREST

CONTRACTOR shall have no interest and/or acquire any interest, direct or indirect, which will conflict with the performance of services required under this Agreement.

10. PROTECTED HEALTH INFORMATION ("PHI")

In the event that there is PHI shared between the Parties pursuant to the services rendered under this Agreement, the Parties shall comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA), codified at Title 45, C.F.R., Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009 (HITECH), Public Law 111-5, enacted February 17, 2009, and the laws and regulations promulgated subsequent hereto and as amended. The Parties agree to cooperate in accordance with the terms and intent of this Agreement for implementation of relevant law(s) and/or regulation(s) promulgated under HIPAA and HITECH to ensure the Parties compliance with HIPAA, HITECH, and the laws and regulations promulgated subsequent hereto and as amended.

11. PUBLIC ENTITY STATUS; BROWN ACT/PUBLIC RECORDS ACT

The Parties acknowledge and agree that IEHP is a local public entity of the State of California subject to the Brown Act, *California Government Code Sections 54950 et seq.*, and the Public Records Act, *California Government Code Sections 6250 et seq.*

12. COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS

A. General. The Parties shall observe and comply with all applicable county, state and federal laws, ordinances, rules and regulations now in effect, subsequently amended or hereafter enacted, including, but not limited to, applicable executive orders, directives, requirements (including state and/or federal contract requirements), and standards by any organization having jurisdiction over IEHP, including accrediting organizations, to regulate the delivery of health care services. All the aforementioned items are incorporated herein by reference.

B. Plan Licensing/State Requirements. CONTRACTOR understands that IEHP is a Medi-Cal Managed Care Health Plan and subject to the requirements under applicable laws (including but not limited to the Knox-Keene Health Care Service Plan Act and the Waxman-Duffy Prepaid Health Plan Act), contractual obligations set forth under the contract between IEHP and the California Department of Health Care Services ("DHCS"), and regulations promulgated by the California Department of Managed Health Care ("DMHC") and DHCS. CONTRACTOR understands that specified requirements of the DHCS and DMHC may apply to CONTRACTOR as a contractor of IEHP.

13. NOTICES

Other than correspondences for which email communication is expressly reserved pursuant to this Agreement, all notices must be in writing mailed to the addresses below or to such other address(es) as the Parties designate in writing. Notices sent by certified United States mail or commercial courier shall be deemed received on the date of receipt.

IEHP:

Jarrod McNaughton, MBA, FACHE
Chief Executive Officer
IEHP
10801 Sixth Street, Suite 120
Rancho Cucamonga, CA 91730
(909) 890-2000
cc: Procurement Department
Procurement@iehp.org

CONTRACTOR:

Conrado Barzaga
Chief Executive Officer
Desert Healthcare District and Foundation
1140 N. Indian Canyon Drive,
Palm Springs, California 92262
(760) 323-6166
cbarzaga@dhcd.org

14. SEVERABILITY

Each provision of this Agreement shall be interpreted in a way that is valid under applicable law. If any provision is held invalid, illegal, void, or unenforceable, the rest of the Agreement will remain in full effect.

15. WAIVER

A waiver by a party of a breach of one (1) or more of the terms of this Agreement shall not be construed to be a waiver of any subsequent or other breach.

16. INDEPENDENT CONTRACTOR

The Parties expressly agree that CONTRACTOR is an independent contractor and not an agent, employee, officer or otherwise of IEHP. Neither party's officers, agents, employees or subcontractors, shall be entitled to any benefits payable to employees of the other party, including Workers' Compensation Benefits.

17. GOVERNING LAW; VENUE

A. This Agreement shall be governed and interpreted under the laws of the State of California, excluding its conflicts of law provisions.

B. The provisions of the Government Claims Act (*California Government Code Sections 900 et seq.*) must be followed for any disputes under this Agreement.

C. Any actions and proceedings arising in connection with this Agreement, shall be litigated in the state or federal (if permitted by law) courts located in the counties of San Bernardino or Riverside, State of California.

18. FORCE MAJEURE

Each party shall be excused from performance hereunder to the extent that it is prevented from performing as a result of any act or event which occurs and is beyond the reasonable control of such party, including, without limitation, acts of God, war, or action of a governmental entity; provided that the affected party provides the other party with prompt written notice thereof and uses all reasonable efforts to remove or avoid such causes.

19. ASSIGNMENT

A party may not sell, assign, transfer, or otherwise convey this Agreement without the prior express written consent of the other party. Any attempted assignment of this Agreement not in accordance with this Section shall be null and void.

20. CHANGE OF OWNERSHIP

CONTRACTOR shall not materially cause, permit, or suffer any change that would result in a change of control of CONTRACTOR, without obtaining prior express written consent of IEHP.

21. ALTERATION AND/OR AMENDMENT

The Parties may alter, amend, or change the terms of this Agreement only by a written document signed by the Parties, and, if necessary, authorized by the Parties' respective governing boards.

22. ENTIRE AGREEMENT

This Agreement, including all attachments, incorporated herein by reference, contains the entire Agreement and supersedes any and all other agreements, promises, negotiations or representations, either oral or written, between the Parties.

23. COUNTERPARTS; SIGNATURES

This Agreement may be executed in separate counterparts, and each counterpart shall be deemed one documents and become a binding agreement upon execution by the Parties. The Parties' faxed signatures, and/or signatures scanned into PDF format, shall be effective to bind them to this Agreement.

(SIGNATURE PAGE TO FOLLOW)

IN WITNESS WHEREOF, the Parties hereto certify that the individuals signing below have authority to execute this Agreement on behalf of their respective organizations, and may legally bind them to the terms and conditions of this Agreement, and any attachments hereto. The parties have signed this Professional Services Agreement as set forth below.

DESERT HEALTHCARE DISTRICT AND FOUNDATION:

DocuSigned by:

By: Conrado Barzaga
8E39A71B12A04DE...
Conrado Barzaga
Chief Executive Officer

Date: 4/4/2022

INLAND EMPIRE HEALTH PLAN:

DocuSigned by:

By: Keenan Freeman
C4A35E87BBA7401...
Keenan Freeman, CFO, for:
Jarrod McNaughton, MBA, FACHE
Chief Executive Officer

Date: 4/7/2022

DocuSigned by:
Signature on Behalf of IEHP Governing Board
Approved in Minute Order 16-64
(Contracts Under $200,000)

By: EB1F4AD25DD84F8...
Chair, IEHP Governing Board

Date: 4/7/2022

DocuSigned by:

Attest: EB1F4AD25DD84F8...
Secretary, IEHP Governing Board

Date: 4/7/2022

Approved as to Form:

DocuSigned by:

By: 4E9523BFACFF4CD...
Anna W. Wang
General Counsel
Inland Empire Health Plan

DS
MP
4/6/2022

Date: 4/7/2022

ATTACHMENT A

SCOPE OF SERVICES

Desert Healthcare District and Foundation

1. CONTRACTOR RESPONSIBILITIES:

CONTRACTOR will work on the promotion and service provider adoption of the Connect IE Project for a crowd-sourced human service database, housing well-organized, accessible program information throughout all of Coachella Valley in California.

A. CONTRACTOR will promote the Connect IE program to community-based organizations (CBOs) throughout all of Coachella Valley in California by engaging service providers to contribute their information and participate in Connect IE.

B. CONTRACTOR will submit a Monthly Summary Report.

2. DELIVERABLES:

CONTRACTOR will complete the following activities for the Low Desert Region in Coachella Valley on a monthly basis for the duration of the contract term:

A. 2-3 per month Connect IE presentations to local CBO's, medical providers, school districts, churches, and government agencies. (No less than 25 annually)

B. 1 per month (12 annually) onboarded local CBO's, medical providers, school districts, churches, and government agencies to utilize Connect IE.

C. 1 per month (12 annually) Connect IE post on DHCD and Connect IE social media accounts highlighting a local organization and /or service.

D. 3 annually Connect IE search boxes installed on partner agencies websites.

E. Educate and engage 1-2 per month (20 annually) Coachella Valley agencies to create core agencies using Connect IE's Community Information Exchange (CIE) functionality.

F. Identify 1-2 quarterly (8 annually) CBOs CIE Network agencies and sign MOUs in agreement with DHCD, agreeing to respond to the Social Determinants of Health needs of resident and referrals form healthcare and other providers by utilizing Connect IE (5 agencies minimum identified to utilize the Community Information Exchange functionality).

Coachella Valley Deliverables Table			
Deliverables	**Monthly Quota**	**Quarterly Quota**	**Annual Quota**
Presentations/Virtual Meetings	2-3	6-7	25
Onboard Agencies to Utilize Connect IE	1	3	12
Social Media Posts	1	3	12
Connect IE Search Boxes	1	1	3
CIE Network Agencies/Signed MOUs		2	8

POST-CIE Deliverables Table			
Deliverables	**Monthly Quota**	**Quarterly Quota**	**Annual Quota**
Educate and Engage Agencies	1-2	6	20

IEHP
INLAND EMPIRE HEALTH PLAN

ATTACHMENT B

SCHEDULE OF FEES

Desert Healthcare District and Foundation

1. CONTRACTOR shall invoice IEHP electronically for Connect IE Project Services fees to IEHP's Accounts Payable Office at apinvoices@iehp.org. Each invoice shall cite the CONTRACTOR's name, address, and remit to address, description of the work performed, the time period covered by the invoice, and the amount of payment requested.

   A. Invoices shall be paid electronically by IEHP to the banking institution/account numbers provided by the CONTRACTOR. In the event of a change in banking institution and/or account numbers, CONTRACTOR shall provide IEHP thirty (30) days prior written notice. IEHP will assume no liability for payments made to banking institutions and/or accounts that are due to CONTRACTOR's failure to provide the correct information.

2. CONTRACTOR requests for payments and reimbursements must comply with the requirements set forth in Attachment A.

3. IEHP shall compensate CONTRACTOR for the services set forth in Attachment A, upon approval of a properly presented invoice for services. IEHP acknowledges services rendered by CONTRACTOR for the benefit of IEHP, since January 1, 2022, are included as payable services.

4. CONTRACTOR shall receive payment according to the completion of each deliverable, and not per hours worked. CONTRACTOR will be paid $1,037.50 for each deliverable listed in Attachment A.

5. Requests for services shall be on an as needed basis. CONTRACTOR's deliverable fees are as follows.

Total Deliverables	Program Deliverables	Fee Amount
25	Connect IE presentations to local CBO's, medical providers, school districts, churches, and government agencies	$25,937.50
12	Onboarded local CBO's, medical providers, school districts, churches, and government agencies to utilize Connect IE.	$12,450
12	Connect IE post on DHCD and Connect IE social media accounts highlighting a local organization and /or service	$12,450
3	Connect IE search boxes installed on partner agencies websites	$3,112.50

20	Educate and engage 1-2 monthly (20 annually) Coachella Valley agencies to create core agencies using Connect IE's Community Information Exchange (CIE) functionality.	$20,750
3	Signed MOUs of at least 3 agencies (annually), agreeing to respond to the Social Determinants of Health needs of resident and referrals form healthcare and other providers by utilizing Connect IE.	$3,112.50
5	5 or more agencies (annually) to engage in the Community Information Exchange concepts leading to formal agreements that create a core agency using Connect IE's Community Information Exchange (CIE) functionality	$5,187.50
	TOTAL NOT TO EXCEED AMOUNT	$83,000.00

6. All travel related expenses will be included in the total compensation value of the Agreement.

INLAND EMPIRE HEALTH PLAN

ATTACHMENT C

OWNERSHIP INFORMATION

Contractor's Name: Desert Healthcare District

Tax Identification Number (TIN): 95-6002339

Address: 1140 N Indian Canyon Drive

City: Palm Springs **State:** CA **Zip:** 92262

Phone: 760-219-5619

President: Conrado Barzaga **Contact Person:** Conrado Barzaga

Person Signing Contract: Conrado Barzaga

Broker Representative: Conrado Barzaga

Please circle below how your organization is legally organized:

- **Sole Proprietorship**
- **Partnership (LLC, etc.)**
- **Corporation**
  - **Privately Held Company***
  - **Publicly Traded Company**
  - **Non-Profit Entity**
- **Government Agency** Government Agency
- **Other (please indicate):** _____

*If Privately Held Company, please indicate the below information of the owners, officers, stockholders, and creditors if such interest is over 5%.

Name **Ownership/Creditorship % (If greater than 5% interest)**

DocuSigned by:
Conrado Barzaga
8F39A71B12A04DE...
Authorized Signature

4/4/2022
Date

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: April 26, 2022

To: Board of Directors

Subject: CV Equity Collaborative: COVID-19 Testing and Vaccine Update

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Staff Recommendation: Informational item only

Background:

- The Desert Healthcare District and Foundation established and leads The Coachella Valley Equity Collaborative (CVEC), which has brought together community-and faith-based organizations, government agencies (county and state), and local farm owners to address the COVID-19 epidemic and ensure there is a coordinated effort to maximize resources and prevent overlap is services and/or outreach.
- The Desert Healthcare District and Foundation has received $2.4 million from the County of Riverside and $725,000 from The Public Health Institute to support targeted community-based outreach, education, and COVID-19 testing in partnership with CVEC's community- and faith-based organizations that serve vulnerable communities in Coachella Valley, with an emphasis on Eastern Coachella Valley.

COVID-19 Testing Update:

- The CVEC has coordinated multiple COVID-19 testing events that have been hosted throughout the Coachella Valley. The tests include both rapid testing (BiNex Now) and PCR testing (Curative and Primary Health).
- Promotoras from the Coachella Valley Equity Collaborative received training from the Desert Sands Unified School District (DSUSD) staff on the Primary Care PCR testing registration site, along with the BinaxNow reporting system. The CVEC Promotoras have now assumed responsibility of the weekly COVID-19 testing for DSUSD at five strategically placed locations every Monday through Friday from 3:30pm to 5:30pm.
- A weekly COVID-19 clinic has been established with Torres Martinez Desert Cahuilla Indians to increase access to COVID-19 testing in the East Coachella Valley. This is the second fixed location established the CVEC partners. The other location is the TODEC office in Coachella.
- The CVEC has partnered with the UC Riverside School of Medicine's Free Clinic and will be providing COVID-19 testing the second Saturday of the month from 3pm to 6pm at the Mecca Library. The next clinic will be held Saturday, May 14th.

- To date, a total of **127** COVID-19 testing clinics resulting in more than **14,000** COVID-19 tests have been provided at events organized by the CVEC and its partners.

- The CVEC received 1,100 COVID-19 home tests that will be distributed by Promotoras at community-based outreach events and at CVEC testing events.

COVID-19 Vaccination Update

- A partnership between the CVEC and the Coachella Valley Unified School District (CVUSD) has launched a COVID-19 vaccination campaign to vaccinate students during school hours with written parental consent and without the need for the parent or legal guarding to be present. Through these events approximately a total of **1,041** students, faculty, and community members have been vaccinated,

- To date, a total of more than **301** COVID-19 vaccination clinics resulting in **45,066** COVID-19 vaccines have been provided to District residents in vaccination clinics hosted by the CVEC in partnership with the RUHS-Department of Public Health and Rite-Aid pharmacies and Borrego Health.

- In the last couple of weeks, COVID-19 testing, and vaccination events have seen a decline of participants throughout the county and here in the Coachella Valley. A change in strategy will be implemented to reduce the number of vaccination and testing clinics and increase the community-based outreach that includes, door-to-door outreach and informational tables to selectively target community members.

- Another change in strategy will include a phone banking session with Promotoras to contact community members, who received their 1st and 2nd dose at one of the CVEC vaccination clinics but haven't received their booster shot. Promotoras will explain the importance of receiving the booster and attempt to register them for an upcoming vaccination clinic or inform them of the nearest vaccination clinic near their home or job.

- The CVEC Promotoras participated in the CA Care Force event in Indio on March 25 and 26, where they supported the COVID-19 vaccination and testing clinics, along with assisting in translation services in the medical and dental sections of the event.

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

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

An additional amendment to the Riverside County agreement for $750,000 is pending.

Total fiscal impact $3,875,000

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: April 26, 2022

To: Board of Directors

Subject: Coachella Valley Equity Collaborative – Strategic Plan Alignment

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Staff Recommendation: Information

Background:

- As a response to health disparities evidenced by the COVID-19 pandemic, the Desert Healthcare District and Foundation established the Coachella Valley Equity Collaborative (CVEC), which has brought together multiple community partners, including community- and faith-based organizations, government agencies (county and state), hospitals, pharmacies, and local farm owners to address the COVID-19 epidemic and ensure there are coordinated efforts to maximize resources and prevent overlap in services and/or outreach.
- This resulted in high vaccination rates in traditionally underserved and underrepresented communities across the Coachella Valley.
- Thus far, efforts of the CVEC have been supported primarily with CARES and ELC federal funding granted to DHCD by RUHS Public Health and other funding sources.
- Building on the success of the CVEC, DHCD desires to explore ways in which the Collaborative can support the implementation of its ambitious 2021-2026 Strategic Plan, advancing an equity framework to improve health outcomes amongst traditionally underserved and underrepresented communities. (*Strategic Plan Goal 2.7. Utilize an equity lens to expand services and resources to underserved communities*).
- To this effect, staff will convene a facilitated meeting with CVEC grantees. The meeting will be facilitated by California Consulting.
- In compliance with OP-11 (Procurement of Professional Contracts and Professional Services), the CEO is retaining California Consulting to help facilitate these meetings. A copy of the executed agreement is enclosed.
- The facilitated convening is scheduled for Friday, April 29, 2022 at 12:00pm at the RAP Foundation Building.

Fiscal Impact:

NTE $5,000.

CONSULTING SERVICES AGREEMENT

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

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

1. District would like to retain the professional services of Consultant to work with the District and the Coachella Valley Equity Collaborative (CVEC) partner organizations (CBOs).

2. Consultant has worked with public agencies and non-profit organizations for more than 18 years and is qualified and possesses the knowledge, skill, expertise, necessary to provide the professional services ("Services") as more specifically outlined in Section 1.1 of the agreement.

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

1. CONSULTANT'S SERVICES.

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District with the professional services described below. All Services shall be performed by Consultant to the reasonable satisfaction of the District.

- Convene a meeting with the executive directors and staff of the CBOs
- Explore opportunities to continue the work of the CVEC to advance an equity framework in the region and to improve access to healthcare, such as primary care, specialty care, behavioral health, etc. to align with the District's Strategic Plan.

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

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

1.4 District and Foundation's Representative. For purposes of this Agreement, the District and Foundation's Representative shall be District's Chief Executive Officer

Conrado Barzaga, located at 1140 North Indian Canyon Drive, Palm Springs, CA 92262. All amendments to this Agreement shall be approved by the District Board.

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant at a rate of $125 per hour not to exceed $5,000, plus reimbursement of out-of-pocket expenses, including mileage at the IRS standard rate.

2.2 Invoices. Consultant shall deliver monthly invoices to the District no later than the 10th day of each month for Services.

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

3. TERM; TERMINATION.

3.1 Term. The term of this Agreement shall expire September 30, 2022.

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

4. INDEPENDENT CONTRACTOR.

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

5. OWNERSHIP OF DOCUMENTS.

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

6. INDEMNIFICATION.

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

7. NOTICE.

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

To: District
Desert Healthcare District
Attention: Conrado Barzaga, Chief Executive Officer
1140 N. Indian Canyon Drive
Palm Springs, California 92262

To: Consultant
California Consulting
214 Main Street, Suite 102
El Segundo, CA 90245

8. MISCELLANEOUS PROVISIONS.

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

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

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

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

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

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

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

"District":	"Consultant":
Desert Healthcare District	California Consulting
By: _____	By: _____
Conrado Barzaga, CEO	Steve Samuelian, CEO
Date: 4/19/22	Date: 4/18/2022

DESERT HEALTHCARE
DISTRICT & FOUNDATION

DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
April 12, 2022

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair/Treasurer Arthur Shorr President Karen Borja 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 4:10 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	**Moved and seconded by Director Zendle and President Bora to approve the agenda.** **Motion passed unanimously.**
III. Public Comment	There was no public comment.	
IV. Approval of Minutes **1. Minutes – Meeting March 08, 2022**	Chair Shorr asked for a motion to approve the minutes of the March 08, 2022, F&A Committee meeting.	**Moved and seconded by Director Zendle and President Borja to approve the March 08, 2022, meeting minutes.** **Motion passed unanimously.**
V. CEO Report	There was no CEO Report.	
VI. Financial Report **1. Financial Statements** **2. Deposits** **3. Check Register** **4. Credit Card Expenditures** **5. General Grants Schedule**	Chris Christensen, CAO, reviewed the financials with the committee providing an overview to the committee related to their inquiry about the COVID Collaborative funding that is not expended to date, describing an extension from the county and the ability to shift resources to the CBO's at the end of the calendar year.	**Moved and seconded by Director Zendle and President Borja to approve the March 2022 financials and forward to the board for approval.** **Motion passed unanimously.**
VII. Other Matters	There were no Other Matters	
VIII. Adjournment	Chair Shorr adjourned the meeting at 4:17 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

DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
April 12, 2022

Desert Healthcare Foundation Board of Directors

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

DRAFT

DESERT HEALTHCARE
DISTRICT & FOUNDATION

DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 12, 2022

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:26 p.m. by President Borja in Chair PerezGil's absence.	
II. Approval of Agenda	President Borja asked for a motion to approve the agenda.	**Moved and seconded by Director Zavala and President Borja to approve the agenda.** **Motion passed unanimously.**
III. Meeting Minutes **1. March 08, 2022**	President Borja asked for a motion to approve the March 08, 2022, minutes.	**Moved and seconded by Director Zavala and President Borja to approve the March 08, 2022, meeting minutes.** **Motion passed unanimously.**
IV. Public Comment	There was no public comment.	
V. Old Business **1. Grant Payment Schedules** **2. Coachella Valley Equity Collaborative** **a. Vaccination, Education, and Outreach** **3. Supporting the Coachella Valley Equity Collaborative Beyond**	 Alejandro Espinoza, Chief of Community Engagements, described the outreach efforts with the school districts and postponing some testing and vaccination events due to the Coachella Music Festival. Conrado Barzaga, MD, CEO, described the Equity Collaborative endeavors from	

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COVID-19: A Facilitated Conversation	the onset of the pandemic, responding to the COVID emergency, and the value of maximizing the Collaborative for wellness resources to increase vaccination rates, safeguards, and services to communities that are traditionally left behind. Once the grant writing consultant is engaged, staff will begin exploring dates to discuss the Collaborative, which applies to the strategic plan, and align the work of the partnerships with that of the district.	
4. Update – Request for Qualifications (RFQ) – South Coast Air Quality Management District (SCAQMD) – Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley – Goal #6 - Strategic Goal Priority 6.1	Alejandro Espinoza, Chief of Community Engagement, explained the three proposals of interest received for review and selection with an update to the Program Committee at the May meeting for a recommendation to the Board.	
5. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley – Update **a. One Future Coachella Valley Scholarship Fund** **b. Access to Healthcare – Borrego Health Foundation**	Donna Craig, Chief Program Officer, described the Desert Highland Gateway Estates Black and African American advisory committee meetings summarizing the tactical plan workgroup broadened into four additional groups that include a financial plan workgroup to assist students with the scholarship process, a fund development workgroup, a holistic support workgroup, and a mentor resources	

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	development workgroup to work with the local hospitals to establish mentorships. Meghan Kane, Senior Program Officer, explained that for the One Future Coachella Valley scholarship fund of the 262 applicants, only 5 identified as Black or African American which requires additional outreach efforts in the community. Donna Craig, Chief Program Officer, described the January report from the Borrego Health Foundation that aligns with their initially presented goals and objectives. Conrado Bárazga, MD, CEO, explained at the inquiry from President Borja concerning the significant number of uninsured (30%), that Borrego Health is assisting to provide the uninsured with coverage, and Coachella Valley Volunteers in Medicine (CVVIM) will be opening an office in the Las Palmas Medical Plaza as an additional resource for access to healthcare. President Borja also inquired about the high rates of teen patients and the possibility of an organization establishing a school-based clinic for teens. Ms. Craig explained that the Borrego Health staff is dedicated to teen clinics in other cities as outlined in their initial proposal, further describing the teen event on April 20 at Desert Highland Gateway Estates Unity Center.	

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6. Homelessness Initiative **a. CVAG CV Housing First DHCD $500K contribution: PowerPoint presentation by Greg Rodriquez**	Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, provided a quarterly update on the Coachella Valley Association of Governments, CV Housing First program describing the CV 200 progress report for the most chronically homeless of clients housed, individuals moved into permanent housing, and those housed through rapid resolution. Statistics on referral to behavioral health or substance use treatment and linkages to medi-cal with the majority already on a waiting list to a recovery center. An overview was provided of the Inland Empire Health Plan (IEHP) partnership MOU, data sharing, client management, and CalAim. Additional details included Cal State San Bernardino & Coachella Valley Volunteers in Medicine partnerships with street outreach, UCR psychiatric residents, and working to prevent a duplication of efforts. Discharge Planning with Eisenhower Medical Center, Tenet Health, and CV 200 Cross References. Mr. Rodriguez provided a status update on the Palm Springs Navigation Center healthcare lens with a medical, dental, behavioral health clinic, and future respite/recuperative care.	
7. Behavioral Health Initiative	Jana Trew, Senior Program Advisor, Behavioral Health, provided an overview of the key	

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a. BHI Request for Proposals: Improving Access to Mental Health Prevention Services to Children (0-18 years) and Their Families NTE $500K/2 years **b. Health Career Connection Summer 2022 Intern**	areas that need addressing for improving mental health access and prevention services for children ages 0-18, including their families with COVID increasing the need for visibility, such as isolation and anxiety. The district recommends releasing a Request for Proposals focused on behavioral health non-physical access barriers, and physical access barriers for release on April 27 and a deadline of June 3. The grant award is 2-years not to exceed $500k. Donna Craig, Chief Program Officer, described the partnership with Health Career Connections for summer internship projects through the behavioral health initiative to recruit an intern that matches the initiative. Interviews will soon commence for $4,100 to the student, the remainder to Health Career Connections for operating support totaling $7,100, and a final report to the Board.	
VII. Committee Member Comments	There were no committee member comments.	
VIII. Adjournment	President Borja adjourned the meeting at 6:10 p.m.	***Audio recording available on the website at http://dhcd.org/Agendas-and-Documents***

ATTEST: _____
Karen Borja, Acting Chair/President Board of Directors
Program Committee

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

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DESERT HEALTHCARE FOUNDATION								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
March 31, 2022								
TWELVE MONTHS ENDING JUNE 30, 2022								
			6/30/2021	**New Grants**		**3/31/2022**		
A/C 2190 and A/C 2186-Long term			**Open**	**Current Yr**	**Total Paid**	**Open**		
Grant ID Nos.	**Name**		**BALANCE**	**2021-2022**	**July-June**	**BALANCE**		
Health Portal	Remaining Collective Funds-Mayor's Race & DHCF		**$ 72,176**		$ -	**$ 72,176**	**HP-cvHIP**	
BOD - 04/24/18	Behavioral Health Initiative Collective Fund		**$ 1,752,356**		$ 416,579	**$ 1,335,777**	**Behavioral Health**	
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services		**$ 795,017**		$ 49,140	**$ 745,877**	**Avery Trust**	
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund		**$ 595,714**		$ 501,657	**$ 94,057**	**Homelessness**	
BOD - 02/23/21 BOD (#1148)	OneFuture - Black and African American Healthcare Scholarship - 2 yrs		**$ 155,000**		$ 45,000	**$ 110,000**		
BOD - 07/27/21 BOD (#1288)	Borrego Community - Improving Access to Healthcare - 3 yrs			**$ 575,000**	$ 30,000	**$ 545,000**		
F&A - 06/11/19, 6/09/20, 06/22/21 Res. NO. 21-02	Prior Year Commitments & Carry-Over Funds		**$ 1,044,156**		$ 30,000	**$ 1,014,156**		
TOTAL GRANTS			**$ 4,414,419**	**$ 575,000**	**$ 1,072,376**	**$ 3,917,043**		
Summary: As of 03/31/2022		**Uncommitted & Available**			A/C 2190	$ 2,317,043		
Health Portal (CVHIP):	**$ 72,176**	**$ 72,176**			A/C 2186	$ 1,600,000	<<$870,000 BH	
Behavioral Health Initiative Collective Fund	**$ 1,335,777**	**$ 1,297,311**			**Total**	**$ 3,917,043**	$730,000 Carry Over	
Avery Trust - Pulmonary Services	**$ 745,877**	**$ 531,426**			Diff	$ (0)		
West Valley Homelessness Initiative	**$ 94,057**	**$ 71,557**						
Healthcare Needs of Black Communities	**$ 655,000**	**$ -**						
Prior Year Commitments & Carry-Over Funds	**$ 1,014,156**	**$ 1,014,156**						
Total	**$ 3,917,043**	**$ 2,986,626**						
Amts available/remaining for Grant/Programs - FY 2021-22:			**FY22 Grant Budget**		**Social Services Fund #5054**			
Amount budgeted 2021-2022		$ 530,000	$ 500,000		Budget	$ 60,000		
Amount granted year to date		$ (575,000)	*$ 30,000*		DRMC Auxiliary	$ 12,000	Spent YTD	
Mini Grants:					**Balance Available**	$ 48,000		
Net adj - Grants not used:								
Contributions / Additional Funding	DHCD Grant #1134 $400,000, IEHP $100,000 & Lift To Rise $75,000	$ 575,000						
Prior Year Commitments & Carry-Over Funds	FY18-19 Funds $14,156; FY19-20 Funds $300,000; FY20-21 Funds $730,000	$ 1,014,156						
Balance available for Grants/Programs		**$ 1,544,156**						

DESERT HEALTHCARE FOUNDATION						
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE						
March 31, 2022						
FISCAL YEAR ENDING JUNE 30, 2022						
			6/30/2021	New Grants		3/31/2022
A/C 2183			Open	Current Yr	Total Paid	Open
Grant ID Nos.	Name		BALANCE	2021-2022	July-June	BALANCE
BOD - 10/20/20 - Contract #21-024	**Coronavirus Aid, Relief, and Economic Security (CARES) Act and Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - $2.4 Million ($1,960,000 for grants)**					
BOD - 10/20/20 (#1159)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		$ 30,000		$ 30,000	$ -
BOD - 03/23/21 (#1268)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		$ 125,000	$ 60,000	$ 125,000	$ 60,000
BOD - 03/23/21 (#1269)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		$ 125,000		$ 80,000	$ 45,000
BOD - 03/23/21 (#1270)	Galilee Center - Emergency Services		$ 85,000		$ 85,000	$ -
BOD - 03/23/21 (#1271)	Vision Y Compromiso - Stop the Spread of COVID-19		$ 85,000		$ -	$ 85,000
BOD - 03/23/21 (#1272)	Youth Leadership Institute - COVID-19 ECV Collaborative		$ 85,000		$ 85,000	$ -
BOD - 03/23/21 (#1273)	Pueblo Unido CDC - Coachella Valley COVID-19 Collaborative		$ 125,000	$ (60,000)	$ 40,000	$ 25,000
BOD - 03/23/21 (#1274)	Todec Legal Center Perris - Sembrando Prevencion		$ 125,000		$ 125,000	$ -
BOD - 03/23/21 (#1275)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		$ 125,000		$ 90,000	$ 35,000
BOD - 12/15/20 - Contract	**Together Toward Health funding, a Program of the Public Health Institute - $725,000 ($635,000 for grants)**					
BOD - 12/15/20 (#1172)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative		$ 45,000		$ 45,000	$ -
BOD - 12/15/20 (#1175)	Pueblo Unido, CDC		$ -		$ -	$ -
BOD - 12/15/20 (#1176)	Galilee Center - Emergency Services		$ -		$ -	$ -
BOD - 12/15/20 (#1179)	Youth Leadership Institute		$ 6,250		$ 6,250	$ -
BOD - 12/15/20 (#1180)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN		$ 6,250		$ 6,250	$ -
BOD - 12/15/20 (#1181)	Vision Y Compromiso - Promotoras and the Coachella Valley COVID-19 Collaborative		$ 45,000		$ 45,000	$ -
BOD - 12/15/20 (#1185)	Lideres Campesinas, Inc. - Take It to the Fields Initiative		$ 45,000		$ 45,000	$ -
BOD - 12/15/20 (#1189)	Todec Legal Center Perris - Sembrando Prevencion		$ 45,000		$ 45,000	$ -
TOTAL GRANTS			$ 1,102,500	$ -	$ 852,500	$ 250,000
CARES/ELC	Passthrough to Community Based Organizations		$ 910,000	$ -	$ 660,000	$ 250,000
	CARES/ELC Administrative Costs		$ 200,000		$ 200,000	$ -
Total CARES/ELC			$ 1,110,000		$ 860,000	$ 250,000
Public Health Institute	Passthrough to Community Based Organizations		$ 192,500	$ -	$ 192,500	$ -
	Public Health Institue Administrative Costs		$ 37,946		$ 37,946	$ (0)
TOTAL Public Health Institute			$ 3,552,946	$ -	$ 230,446	$ (0)
					Account 2183	$ 250,000
Amts available/remaining for Grant/Programs - FY 2021-22:						$ (0)
Amount granted year to date		$ -			**Grant Funds**	
Mini Grants:					**CARES/ELC**	**PHI**
Net adj - Grants not used:				Total Grant	$ 2,400,000	$ 725,000
Foundation Administration Costs		$ (237,946)		Received to Date	$ 2,300,000	$ 725,000
Contributions / Additional Funding	ELC3 $200,000 & PHI $37,946 Carryover from FY21	$ 237,946		**Balance Remaining**	**$ 100,000**	**$ -**
Balance available for Grants/Programs		**$ -**				

IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES
RFP-20201001 - Monthly REPORT

Report Period: 01/01/2022 – 01/31/2022
(Monthly report due the 15th of each month)

Report by: Heidi Galicia, **Dir. School Base Health / Mobile Services**

Program/Project Information:

Grant # 1288
Project Title: Improving Access to Healthcare in Desert Highland Gateway Estates
Start Date: 07/01/2021
End Date: 06/30/2024
Term: 36 Months
Grant Amount: $575,000
Executive Summary: Borrego Health is committed to providing and increasing access to healthcare services for those living in Desert Highland Gateway Estates and the surrounding communities. This funding will provide support for a pilot mobile services program and begin to assess the sustainability of a more permanent health care program within the community. It is anticipated that 2,913 medical and dental visits will be conducted with part-time mobile services in the community.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
1. collaboration	**Through a multifaceted approach, Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstanding.**	Borrego leadership continued to meet with the Desert Highland Gateway Estates Wellness committee to provide updates regarding the utilization of services, activities, and challenges. The goal is to encourage support, seek input and ideas from the neighborhood/community leaders to improve awareness and ultimately utilization of available services. Due to the new year holiday, one (1) meeting was conducted during this month. **Attendees included:** ***Desert Highland Gateway Wellness Committee:*** Deiter Crawford **Borrego Health:** Heidi Galicia, Director of School Base Health and Mobile Services, Porsha Wilson-Teen Health Coordinator. **Other attendees invited by the Wellness Committee and or Borrego Health:** Donna Craig-Chief Program Officer of the Desert Health Care District, Meghan Kane – Senior Program Officer for the Desert Health Care District, Jana Trew - Senior Program Officer of Behavioral Health for the Desert Health Care District. **Meeting highlights for this reporting period:** Heidi presented a comprehensive aggregated data report for the last six (6) months since services began. Report included • Total patients seen vs patient visits from July 12th to December 31st, 2021 • Billable visits vs non-billable (nurse type visits such as those for immunization are considered to be

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
		non-billable to insurance carriers. Billable visits are those in which a face-to-face encounter with a medical provider occurred) information was shared as means to track the financial sustainability of the program. • Total number of patients seen who lacked health coverage at the time services were rendered. • Total number of uninsured patients who received insurance enrollment assistance by Borrego Health's Care Coordinator Specialist department and were successfully granted health coverage thru either a state or local funded program or health plan. In addition to the number of patients who declined assistance. • Type of services rendered. (COVID Vaccine, COVID Test, Flu Vaccine, Follow Up Visits, Immunizations, Labs, Physical Exams, Sick Visits, Sports Physicals, and Well Child Exams) • Patients seen divided by age group. • Patients seen divided by Race/Ethnicity • Number of Teens seen, type of services provide specifically to teens, uninsured vs insured teens served, ethnicity/race specifically to teen patients. After reviewing this data with the group, the meeting attendees requested to see data of patients seen by place of residency. This data will be presented during the next meetings scheduled for February 11th.
2. service	**By June 30, 2024, a minimum of 2053 patient care medical and 860 dental visits will be provided.**	During this month, Medical Mobile Services continued to be promoted and marketed thru flyer distribution at local businesses, churches, and at the James O Jessie Unity Center. The table below shows the total number of patients seen since the launch of services on July 12, 2021, up to this reporting period.

Month	Number of Patients Served	Number of Visits	Medical	Dental	Total Uninsured
July	51	52	52	0	8
August	59	62	62	0	19
September	28	31	31	0	5
October	33	36	36	0	13
November	24	27	27	0	14
December	91	101	101	0	31
January	171	200	200	0	52
Total	457	509	509	0	144

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)

Please note: the significant increase in the total number of patients seen reflects the high demand for COVID testing, this is due to the surge of positive Omicron cases as well as exposures during the holiday break.

Due to the ever-changing situation related to the 2019 Novel Coronavirus (COVID-19) and most recently the surge in positive cases due to the Omicron Variant, dental professionals continue to be considered of increased occupational risk because of their routine exposure to patient's airways and performance of the aerosol-generating procedure. Due to the confined space of mobile clinics and the risk to our dental staff, Borrego Health did not launch dental services during this reporting period. Instead, patients encountered during the medical mobile days were assessed for dental-related needs and referred to Borrego's nearest dental clinic, at either Centro Medico Cathedral City or DHS Health and Wellness Center depending on patient preference. Shuttle services continue to be provided to and from our dental clinic as needed for patients who lack transportation. Borrego Health will continue to monitor data from the Riverside County of Public Health and recommendations from the CDC and ADA to determine the best time to launch mobile dental services at DHG. The DHG Wellness Committee and DHCD will be kept informed as things continue to develop.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
3. Community Education Event	**Conduct community education events and activities to address health care and other wellness topics**	Due to the situation related to COVID-19 and most recently the surge in positive cases due to the Delta and Omicron Variants all community events continue to be on hold. No events to report during this month.
4. Enabling Services	**By June 30, 2024, provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or enabling services.**	During this reporting period, Borrego Health's Mobile Services team provided medical services to Thirty-one (31) patients' uninsured patients. Pediatric patients who needed routine physical exams and or immunizations were granted temporarily Medi-cal thru the Child Health Disability Prevention program and referred to our Care Coordinator Specialist (CCS) for permanent insurance enrollment assistance. Adult and pediatric patients seen during this period who needed COVID-related services, testing, or vaccines were provided care at no cost. Adult uninsured patients were also referred to our CCS for program or insurance enrollment. The table below shows the total number of patients seen since the launch of services on July 12, 2021, up to this reporting period who lacked insurance coverage and were successfully enrolled in a health program or insurance.

	July	*August*	*September*	*October*	*November*	*December*	*January*	*Total*
Total Patients Served	*51*	*59*	*28*	*33*	*24*	*91*	*171*	*457*
Total Visits	52	62	31	36	27	101	200	509
Uninsured Patients	8	20	6	13	14	31	52	144
Patients Enrolled in Insurance	0	12	8	11	7	7	16	61
		Of the 92 uninsured patients, 21 declined insurance enrollment assistance.						

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
5. Teen Health	**Include a teen health component that addresses risk behaviors. By June 30, 2024, 300 unduplicated teens will have participated in educational activities or received health care services.**	During this reporting period, Thirty-four (34) teens between the ages of twelve (12) to nineteen (19) years of age received medical services at the Mobile Clinic. Services included COVID tests, immunizations, school enrollment physicals, sports physicals, reproductive health, and sick checkups.

	July	August	September	October	November	December	January	Total
Number of Patients Served	38	36	5	15	6	10	34	110

January 28, 2022

HEALTHY DESERT HIGHLAND GATEWAY ESTATES

IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

Desert Highland Gateway Community | Agenda
(Health Care Access Project)
01/28/2022

1 | **Check in**

2 | **Welcome any new attendees**

3 | **Updates**

- **Mobile Clinic**
  - *6 month Update*

4 | **Next Steps**

- Community Satisfaction Survey
- Increase community engagement to increase utilization of services
- Develop and implement a Teen program according to community needs

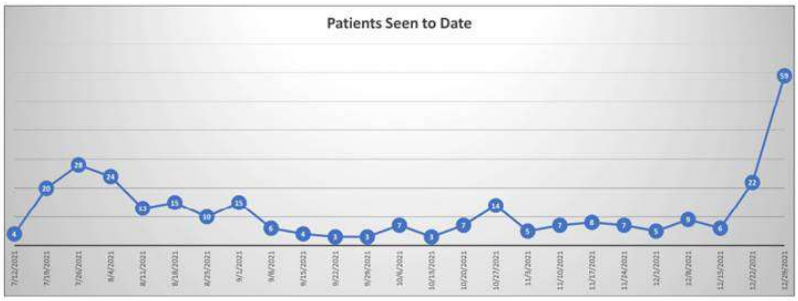
5 | **Next Meeting:** *Friday February 11th, 2021*

Updates

RFP - Desert Highland Gateway Estates (July 1, 2021 - June 30, 2022)

	12-Jul	19-Jul	26-Jul	4-Aug	11-Aug	18-Aug	25-Aug	1-Sep	8-Sep	15-Sep	22-Sep	29-Sep	6-Oct	13-Oct	20-Oct	27-Oct	3-Nov	10-Nov	17-Nov	24-Nov	1-Dec	8-Dec	15-Dec	22-Dec	29-Dec	Total	Combined Total	To Meet Goal (580)
Total Peds	3	17	23	24	10	14	9	14	4	1	1	0	4	1	3	14	5	0	4	0	0	1	2	4	12	170	309	-271
Total Adult	1	3	5	0	3	1	1	1	2	3	2	3	3	2	4	5	0	7	4	7	5	8	4	18	47	139		
Uninsured	0	3	5	5	6	5	4	1	2	1	1	1	0	0	1	12	2	5	4	2	1	4	1	7	18	92		

July Total Served	52	AUG Total Served	62	September Total Served	31	October Total Served	36	November Total Served	32	December Total Served	101
July Uninsured	8	AUG Uninsured	20	September Uninsured	6	October Uninsured	13	November Uninsured	16	December Uninsured	31



July – December – Pts seen vs Pt Visits

Total Patients Seen = 286		Total # of Visits = 309	
Jul	51	Jul	52
Aug	59	Aug	59
Sep	28	Sep	32
Oct	33	Oct	38
Nov	24	Nov	27
Dec	91	Dec	101
Grand Total	286	Grand Total	309

Nurse	**126**
Provider	**183**

Uninsured	**92**
Enrolled Insured	**39**
Declined Assistance	**21**
Other Programs	**6**

*Please note that in many of these cases the insurance coverage was granted to other household members.

July – December Type of Service

COVID Test	85
COVID Vaccine	54
Flu Vaccine	2
Follow up Visit	1
Immz	39
Labs	1
Physical Exam	3
Sick Visit	8
Sport Physical	3
Well Child Exam	113
Total	309

Jul	
Immz	17
Adult Physical Exam	1
Well Child Exam	34

Aug	
COVID Test	1
COVID Vaccine	1
Immz	15
Adult Physical Exam	1
Sick Visit	1
Well Child Exam	40

Sep	
COVID Test	3
COVID Vaccine	6
Immz	4
Sick Visit	2
Well Child Exam	17

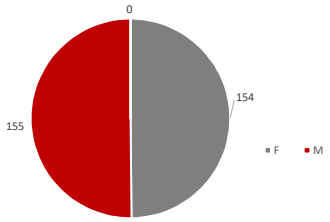
Oct	
COVID Test	8
COVID Vaccine	10
Flu Vaccine	2
Immz	2
Sick Visit	1
Sport Physical	3
Well Child Exam	12

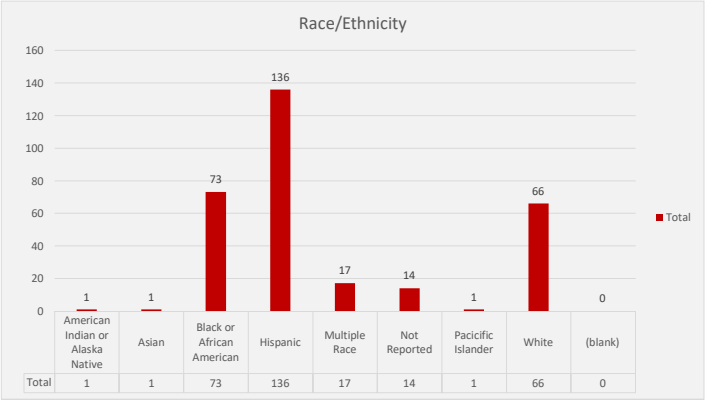
Nov	
COVID Test	2
COVID Vaccine	16
Follow up Visit	1
Immz	1
Sick Visit	2
Well Child Exam	5

Dec	
COVID Test	71
COVID Vaccine	21
Labs	1
Adult Physical Exam	1
Sick Visit	2
Well Child Exam	5

Data July - December

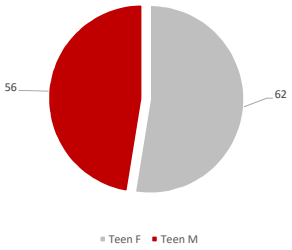
By Age		
Pediatric	1-11yrs	59
Teens	12yrs- 17yrs	118
Adults A	18yrs-25yrs	21
Adults B	25yrs -55yrs	80
Adults C	55yrs - 89yrs	31

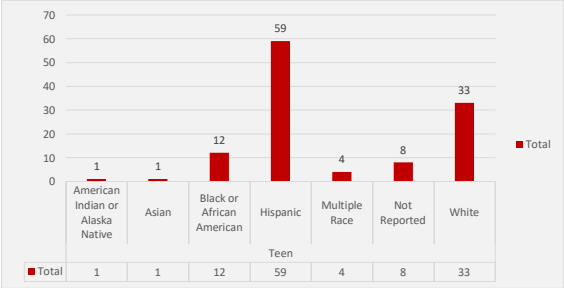




July – December – Teen Health

COVID Test	8
COVID Vaccine	9
Follow up Visit	1
Immz	36
Sport Physical	2
Well Child Exam	62
Total	118





Insurance Status	
Insured	90
Non Insured	28

Borrego HEALTH

Desert Highland Gateway Community | Agenda
(Health Care Access Project)
01/28/2022

1 | **Check in**
2 | **Welcome any new attendees**
3 | **Updates**
- **Mobile Clinic**
  - *6 month Update*

4 | **Next Steps**
- Community Satisfaction Survey
- Increase community engagement to increase utilization of services
- Develop and implement a Teen program according to community needs

5 | **Next Meeting:** *Friday February 11th, 2021*

Open Forum

THANK YOU!

NEXT MEETING: FEBRUARY 11, 2022

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: April 26, 2022

To: BOARD OF DIRECTORS

Subject: Behavioral Health Initiative Informational Update

Staff Recommendation: Information only

History/Background:

- The Desert Healthcare District and Foundation's board-approved Behavioral Health Initiative working group convenings and our outreach efforts to local school district leadership have highlighted a key area of need to be addressed: Improving Access to Behavioral Health Education and Prevention Services to Children (0-18yrs) and Their Families.
- The COVID pandemic has resulted in a number of impactors relative to children (0-18yrs) and their families. These include the effects of isolation, loss of loved ones, fear of becoming ill and difficulty navigating the return to in-person educational settings.
- To increase interest in District/Foundation funding opportunities and to incentivize grant applications, staff is recommending releasing a Request for Proposals (RFP) inviting local organizations to submit proposals focusing on behavioral health access barriers.
- Staff projects an RFP release date of May 2, 2022 with a submission date of June 10, 2022. Staff will bring recommended proposals to the July Program Committee and Board of Directors meetings.
- Nexus to Strategic Plan: Goal #3 Proactively expand community access to behavioral/mental health services.
- Fiscal Impact:
- Two-year grant with an award amount not to exceed (NTE) $500,000.

DESERT HEALTHCARE
DISTRICT & FOUNDATION

REQUEST FOR PROPOSALS (RFP)
RFP # 20221002
RELEASE DATE: May 2, 2022

IMPROVING ACCESS TO BEHAVIORAL HEALTH EDUCATION AND PREVENTION SERVICES TO CHILDREN (0-18 YEARS) AND THEIR FAMILIES

RFP SUBMISSION DATE: June 10, 2022

Proposal Contact: info@dhcd.org

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DESERT HEALTHCARE DISTRICT AND FOUNDATION
Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families

REQUEST FOR PROPOSALS
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I. TIMELINE

The RFP process will operate along the following timeline: [Note: The Desert Healthcare District and Foundation (District and Foundation) reserves the right to modify the stated schedule of events at any time.]

Date	Activity
May 2, 2022	Request for Proposals released
June 10, 2022	Applications due to the Desert Healthcare District via electronic submission to our grant management software system: https://www.dhcd.org/How-to-Apply-for-a-Grant-2022
June 20, 2022 – July 1, 2022	Desert Healthcare District to conduct proposal conferences with applicants
July 12, 2022	Program Committee reviews staff recommendations
July 26, 2022	Board of Directors' approve applicant(s) at the July Board Meeting
August 1, 2022	Contract begins

Desert Healthcare District staff will be available for technical assistance and questions at info@dhcd.org. The Desert Healthcare District and Foundation reserves the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions and information requests can be submitted to:

Desert Healthcare District and Foundation Staff
E-mail: info@dhcd.org

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II. BACKGROUND

A. Desert Healthcare District and Foundation

The Desert Healthcare District was created in 1948 to serve residents within a 457-square-mile area of the Coachella Valley. The District included communities in the western end of the valley (Palm Springs, Desert Hot Springs, Cathedral City, Thousand Palms, Rancho Mirage, Mountain Center, San Gorgonio, and a portion of Palm Desert), with Cook Street as a boundary line. Once established, the District then built and the Board operated Desert Hospital, now known as Desert Regional Medical Center. In 1997, the Board voted to lease the hospital and all operations to Tenet Health Systems for 30 years. Subsequently, the District opted to create a system change implementing a defined grantmaking program. The District budgets approximately $4 million each year for grants and other programs that seek to achieve optimal health at all stages of life for all District residents.

On November 6, 2018, eastern Coachella Valley voters approved extending the District boundaries east of Cook Street, Palm Desert, more than doubling the coverage area to include the entire Coachella Valley. With the expanded service area, the District embarked on further understanding the health priorities, disparities, gaps, and barriers that are representative of the entire valley. Over the last few years, the District Board of Directors commissioned two needs assessments to better understand the population it serves: a behavioral health needs assessment (BHNA) and a community health needs assessment (CHNA).

In 2019, the Board of Directors approved EVALCORP Research and Consulting to conduct a comprehensive, community based behavioral health needs assessment. EVALCORP worked with the community to identify four key recommendations to address the gaps in behavioral healthcare for Coachella Valley. The recommendations included: improving access to behavioral health resources, education and stigma reduction, professional development, and workforce expansion. The findings of the completed BHNA were presented at a Learning Summit, hosted by Riverside County 4th District Supervisor V. Manuel Perez's Green Ribbon Committee. Following the Learning Summit, the Coachella Valley Behavioral Health Initiative was formed in partnership between the Desert Healthcare District and Foundation and Riverside University Health Systems – Behavioral Health.

In addition to the BHNA, the District worked to develop a CHNA in which the BHNA narrative and data would be utilized in inform the behavioral health sections of the larger scale CHNA. Through extensive community engagement, the CHNA uplifted five community health priorities: access to healthcare, economic stability, education access and quality, environment, and mental health. Following the finalization of the CHNA, the Desert Healthcare District and Foundation Board of Directors utilized the CHNA and BHNA to create an informed 2021-2026 Strategic Plan. The Strategic Plan outlines seven goals with specific strategies designed to target efforts in order to make the greatest health impact and help create equitable access to health and wellness resources and services. This RFP will specifically focus on advancing the 2021-2026 Strategic Plan goal 3: proactively expand community access to behavioral/mental health services.

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B. Coachella Valley Behavioral Health Initiative

The Coachella Valley Behavioral Health Initiative was created in response to the data and narrative contained in the CHNA and BHNA. The initiative utilizes a collective impact approach by means of interactive working group convenings of over 60 collaborative partners. Originally, the 60 community partners made up five working groups: workforce expansion, professional development, improving access, education and stigma reduction, and policy development. After six months of conversations, action plans, and aligned strategies, the five working groups merged into three working groups: workforce development, improving access, and policy development. Action plans and strategic development is directed by a Steering Committee comprised of local community leaders for review, guidance, and direction.

Additionally, the Desert Healthcare District has engaged with local school district superintendents and their behavioral health leaders to discuss child and family related behavioral health needs and gaps that emerged from the working groups. Following discussions, an aligned strategy was identified to target access to behavioral health education and preventative services for children (0-18 years) and their families. With the collaborative approach to target this need in behavioral health services, the Desert Healthcare District is releasing a request for proposals as it has direct alignment to the Desert Healthcare District's 2021-26 Strategic Plan.

III. DISTRICT AND FOUNDATION: MISSION AND VISION

The mission and vision of the Desert Healthcare District and Foundation focus on the advancement of community wellness in the Coachella Valley:

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, health facilities, information and community education, and public policy.

IV. PURPOSE OF REQUEST FOR PROPOSAL

In response to the working group convenings of the Coachella Valley Behavioral Health Initiative and outreach efforts to local school district leadership, the Desert Healthcare District is seeking applications that focus on improving access to behavioral health education and prevention services to children (0-18 years) and their families. Specifically, the District seeks applicants that will focus on **behavioral health access, awareness, availability, and education.** Applicants will need to provide education and/or preventative services to accomplish at least one of the following goals:

1. Increase **access** to behavioral health services and resources to children (0-18 years) and their families

2. Improve **awareness** of behavioral health services and resources to children (0-18 years) and their families
3. Expand **availability** of behavioral health services and resources to children (0-18 years) and their families
4. Increase **education** of behavioral health services and resources to children (0-18 years) and their families

Applicants should incorporate at least one of the following into their goals:

- Delivering of community-based services
- Enhancing access to culturally sensitive behavioral health services and resources
- Improving geographic dispersion of behavioral health services
- Increasing access through nontraditional hours and settings
- Expanding outreach efforts

V. ELIGIBILITY

The Desert Healthcare District and Foundation is accepting applications from qualified organizations to **improve access to behavioral health education and prevention services to children (0-18 years) and their families**. To be eligible for this funding opportunity, applicants must:

- Directly serve residents of Coachella Valley.
- Be exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption, such as a public agency, program or institution.
- Have current audited financial statements.
- Have the capacity and infrastructure to execute proposal.
- Strongly demonstrate a financial history that shows a continuous cycle of fiduciary responsibility and sustainability.
- Demonstrate capacity to accomplish stated project focus and at least one of the stated goals:
    - Increase **access** to behavioral health services and resources to children (0-18 years) and their families
    - Improve **awareness** of behavioral health services and resources to children (0-18 years) and their families
    - Expand **availability** of behavioral health services and resources to children (0-18 years) and their families
    - Increase **education** of behavioral health services and resources to children (0-18 years) and their families

Preference will be given to organizations that demonstrate a collaborative approach to accomplishing the stated project goals.

VI. SUBMISSION GUIDELINES

A. ACCOUNT CREATION/LOGIN

To submit an application, go to https://www.dhcd.org/Grant-Programs and follow the below steps:

1. Under the 2021-2026 Strategic Plan, select goal 3: *Proactively expand community access to behavioral/mental health services.*
2. From the pop-up window, select Apply for Grant.
3. If you are a new applicant, follow step 1 and create an account on the DHCD grant management software. If you are a returning applicant, please sign into your account.

B. APPLICATION COMPLETION

Once an account is created, complete all sections as outlined on the application, and pay attention to the specifics listed below:

1. Organizational Information – follow instructions of application
2. Project Information - follow instructions of application and include the below specifics
    a. List project title as **Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families.**
    b. Start and end date must reflect a two-year contract (August 1, 2022 – July 31, 2024).
    c. Recommended amount: no amount is to exceed $500,000 for a two-year contract.
        i. Multiple applicants may be selected for the project. The maximum allocation for this entire project will not exceed the amount of $500,000 over a two-year period. This is a competitive process, which means not all qualifying proposals will be funded.
3. Executive Summary – follow instructions of application
4. Community Need for the Project and Strategic Plan Alignment - follow instructions of application and include the below specifics
    a. List goal 3 as the strategic plan alignment: **proactively expand community access to behavioral/mental health services.**
5. Project Description and Use of District Funds - follow instructions of application
6. Goals and Evaluation - follow instructions of application and include the below specifics
    a. Please highlight how your organization will accomplish at least one of the following goals:
        1. Increase **access** to behavioral health services and resources to children (0-18 years) and their families
        2. Improve **awareness** of behavioral health services and resources to children (0-18 years) and their families
        3. Expand **availability** of behavioral health services and resources to children (0-18 years) and their families
        4. Increase **education** of behavioral health services and resources to children (0-18 years) and their families
7. Organizational Capacity and Sustainability - follow instructions of application and include the below specifics
    a. Demonstrate capacity to accomplish stated project focus and at least one of the stated goals.
8. Key Partners/Collaboration - follow instructions of application and include the below specifics

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a. Demonstrate a collaborative process that includes multiple community partners involved in planning and implementation.
b. Preference will be given to organizations that demonstrate a collaborative approach to accomplishing the stated project goals.

9. Equity, Diversion, and Inclusion - follow instructions of application and include the below specifics
    a. Diversity, equity, and inclusion is an important component of the District's efforts to advance health equity. We believe that when organizations have leaders in decision-making roles who mirror the identities, values, and interests of the communities they serve, there is a greater likelihood of the organization more effectively contributing to improved health outcomes.
    b. Please highlight how your organization addresses diversity, equity, and inclusion at the board and executive staff levels.
10. Required Application Attachments
    a. 501(c)3 determination letter
    b. Project budget using the DHCD budget template
        i. Utilize the DHCD budget template located on our website (https://www.dhcd.org/How-to-Apply-for-a-Grant-2022). Multiple applicants may be selected for the project. The maximum allocation for this entire project will not exceed the amount of $500,000 over a two-year period. The project contract will begin on August 1, 2022. This is a competitive process, which means not all qualifying proposals will be funded. All submitted budgets must be specific and reasonable with all line items aligned with the described project.
    c. Current audited financials
    d. Profit and Loss Balance Sheet
    e. Grantee FY Budget
    f. Board meeting approving audit
    g. Project Monthly Cash Flow Analysis form
    h. Strategic Plan
    i. Letters of Support/MOUs
    j. List of Board of Directors and Terms

C. PROPOSAL CONFERENCE

Desert Healthcare District staff will review the application and required attachments.

- All prospective applicants will undergo a legal, financial, and programmatic review to ensure eligibility and financial health.
- If applicant meets the requirements of the request for proposals, the District staff will contact the applicant to schedule a proposal conference during the weeks of June 20, 2022 – July 1, 2022.

D. APPLICATION SCORING

The Desert Healthcare District staff will evaluate and score each application and its supporting documents utilizing the DHCD grant scoring rubric and provide their recommendation to the Program Committee.

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- The Desert Healthcare District grant scoring rubric is accessible on our website (https://www.dhcd.org/How-to-Apply-for-a-Grant-2022) under step 3.

VII. PROPOSAL SELECTION PROCESS

Applicants awarded through this request for proposal process will focus on improving access to behavioral health education and prevention services to children (0-18 years) and their families. To apply, applicants must submit their applications to the Desert Healthcare District via electronic submission our grant management software system: https://www.dhcd.org/How-to-Apply-for-a-Grant-2022 by 5:00pm on June 10, 2022. Detailed steps to the proposal selection process are as follows:

1. Applications due to the Desert Healthcare District via electronic submission to our grant management software system: https://www.dhcd.org/How-to-Apply-for-a-Grant-2022 by 5:00pm on June 10, 2022.
2. If applicant meets the requirements of the request for proposals, the District staff will contact the applicant to schedule a proposal conference during the weeks of June 20, 2022 – July 1, 2022.
3. Following a proposal conference, applications and any documents will be reviewed and then presented to the Desert Healthcare District and Foundation's Program Committee for discussion and recommendations on July 12, 2022.
4. The application will then be presented to the Desert Healthcare District and Foundation Board of Directors who will review and vote on approval of applicant(s) on July 26, 2022.

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