



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Special Meeting of the Board of Directors
December 20, 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/89959662353?pwd=RldZUVVpZmFFVWhFVm81RVJiSVA2dz09>

Password: 065966

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 or Toll Free (833) 548-0282 To Listen and Address the Board when called upon:

Webinar ID: 899 5966 2353

Password: 065966

You may also email ahayles@dhcd.org with your public comment no later than 4 p.m., Tuesday, 12/20.

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	

- A. CALL TO ORDER – Vice-President PerezGil**
 Roll Call
 Director Barraza____Director De Lara____
 Director Zendle, MD____Director Rogers, RN____
 Director Shorr____ Secretary Zavala____Vice-President PerezGil

- 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.

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	
4-5	a. Special Meeting of the Board of Directors – November 21, 2022	
6-9	b. Board of Directors Meeting – November 22, 2022	
	2. FINANCIALS	
10-19	a. Approval of the November 2022 Financial Statements – F&A Approved December 13, 2022	
	3. GRANTS	
20-26	a. Grant #1046 Public Health Institute (PHI) – three (3) month no-cost grant extension	
	4. RESOLUTIONS	
27-29	a. Subsequent Emergency Resolution #22-31 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	
	E.	
	DESERT HEALTHCARE FOUNDATION CEO REPORT	
	– Conrado E. Bárzaga, MD, Chief Executive Officer	
30-44	1. Consideration to approve the Connect IE Project Services 2023 Professional Services Agreement between the Desert Healthcare Foundation and the Inland Empire Health Plan – NTE \$98,781.90	Action
45-46	2. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution	Information
47-48	3. South Coast Air Quality Management District (SCAQMD) - Air Quality Community Academy	Information
49	F. BEHAVIORAL HEALTH INITIATIVE	Information
	G. COMMITTEE MEETINGS	
	1. FINANCE, LEGAL, ADMINISTRATION, & REAL ESTATE COMMITTEE – Chair/Treasurer Arthur Shorr and Director Les Zendle, MD	
50-51	1. Draft Meeting Minutes – December 13, 2022	Information



- | | | |
|------------------------------|--|---|
| 52-54
55-56 | 2. PROGRAM COMMITTEE – Chair/Vice-President
Evelt PerezGil, and Secretary Carmina Zavala
1. Draft Meeting Minutes – December 13, 2022
2. Grant Payment Schedules
3. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley | Information
Information
Information |
| 57-62 | a. Access to Healthcare – Borrego Health Foundation Monthly Report
b. Black and African American Healthcare scholarship program | |

H. ADJOURNMENT

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability which requires an accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, ahayles@dhcd.org or call (760) 567-0298 at least 72 hours prior to the meeting.

Andrea S. Hayles

Andrea S. Hayles, Board Relations Officer



DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
November 21, 2022

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Vice-President/Secretary Evett PerezGil Secretary Carmina Zavala, PsyD Director Arthur Shorr Director Carole Rogers, RN Director Les Zendle, MD Director Leticia De Lara, MPA	Conrado E. Bázaga, 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 Andrea S. Hayles, Board Relations Officer <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Borja called the meeting to order at 6:32 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.	#19-40 MOTION WAS MADE by Director Zendle seconded by Director De Lara to approve the agenda. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0
C. Public Comment	There were no public comments.	
D. FY 2022 Audit Reports	Chris Christensen, CAO, described his concerns with the audit firm for not accepting responsibility as	



**DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
November 21, 2022**

<p>1. Desert Healthcare Foundation & A-133 Single Audit</p>	<p>the prior 2021 auditors, which is the same team that split off into the new auditing company – Coachella Valley Accounting & Auditing. Mr. Christensen described his request to the F&A Committee for an RFP process seeking a new audit firm next year.</p> <p>The board recommended including a detailed explanation of the significant deficiency on the website when publishing the audited financials. Director De Lara disclosed for transparency purposes that the auditing firm is used by the RAP Foundation.</p>	<p>#19-41 MOTION WAS MADE by Director Zendle seconded by Director Shorr to approve the Desert Healthcare Foundation & A-133 Single Audit. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 0</p>
<p>E. Adjournment</p>	<p>President Borja adjourned the meeting at 7:05 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Carmina Zavala, PsyD, Secretary
 Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
November 22, 2022**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Vice-President/Secretary Evett PerezGil Secretary Carmina Zavala, PsyD Director Arthur Shorr Director Carole Rogers, RN Director Les Zendle, MD Director Leticia De Lara, MPA	Conrado E. Bázaga, 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 Andrea S. Hayles, Board Relations Officer <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Borja called the meeting to order at 7:09 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.	#19-42 MOTION WAS MADE by Director Shorr seconded by Director Zendle to approve the agenda. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0
C. Public Comment	There were no public comments.	
D. Consent Agenda		



**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
November 22, 2022**

<p>1. BOARD MINUTES a. Board of Directors Meeting – October 25, 2022</p> <p>2. FINANCIALS a. Approval of the October 2022 Financial Statements – F&A Approved November 16, 2022</p> <p>3. RESOLUTIONS a. Resolution #22-28 Riverside County Public Health Grant Award – Initiative to Address COVID-19 Disparities – \$1,218,000 b. Subsequent Emergency Resolution #22-29 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings</p>	<p>President Borja asked for a motion to approve the consent agenda.</p> <p>Director Zendle pulled item 3.a. requesting clarification and a summary of the Riverside County Public Health grant. Chris Christensen, CAO, described the incorporation of the CBOs related to COVID-19 after the district’s response to the RFP with preliminary approval pending the Board of Supervisors vote.</p> <p>Public Comment: Greg Rodriguez, deputy director of Housing and Workforce Solutions, Riverside County, described the outgoing disparities of COVID and continuing to leverage and build upon the relationships with the partnerships and the District and Foundation in addressing the healthy places index.</p>	<p>#19-43 MOTION WAS MADE by Director Zendle seconded by Director Rogers to approve the consent agenda except item 3.a. – Resolution #22-28 Riverside County Public Health Grant Award – Initiative to Address COVID-19 Disparities – \$1,218,000. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0</p> <p>#19-44 MOTION WAS MADE by Director Zendle seconded by Director Rogers to approve Resolution #22-28 Riverside County Public Health Grant Award – Initiative to Address COVID-19 Disparities – \$1,218,000. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0</p>
<p>E. Desert Healthcare District CEO Report</p> <p>1. Coachella Valley Equity Collaborative: COVID-19 Community Support, Outreach, Education, Testing, and Vaccination Distribution</p>	<p>Alejandro Espinoza, Chief of Community Engagement, described the 5,300 individuals serviced in the COVID testing incentive program providing an overview of the locations throughout</p>	



**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
November 22, 2022**

<p>2. Save the Date – Mobile Unit Ribbon Cutting Ceremony – December 2</p>	<p>the Coachella Valley. COVID vaccination partnerships with CVS Pharmacy and the San Bernardino Archdiocese are ongoing.</p> <p>Dr. Barzaga, CEO, described the save the date invitation to the Board for the December 2 mobile unit ribbon cutting ceremony and open house.</p>	
<p>F. Behavioral Health Initiative</p>	<p>Jana Trew, Senior Program Officer, Behavioral Health, described the collaborations with the RFP grant recipients while tracking their progress, an upcoming convening with the Coachella Valley Equity Collaborative on their behavioral health project focus, and the next steps.</p> <p>The Board had a brief discussion on workforce development and the work of the Initiative Working Groups – an ongoing priority and ways to increase practitioners while residing in the Valley.</p>	
<p>G.1. F&A Committee</p> <p>1. Draft Meeting Minutes – November 16, 2022</p> <p>G.2. Program Committee</p>	<p>President Borja inquired on any questions concerning the November F&A Committee meeting minutes.</p>	



**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
MEETING MINUTES
November 22, 2022**

<p>1. Draft Meeting Minutes – November 15, 2022</p> <p>2. Grant Payment Schedules</p> <p>3. Advancing the District’s Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley</p> <p>a. Access to Healthcare – Borrego Health Foundation Monthly Report</p> <p>b. Progress and Final Reports Update</p>	<p>President Borja inquired on any questions concerning the November Program Committee meeting minutes, grant payment schedule, Borrego Health Foundation’s monthly report, and the progress and final reports update.</p> <p>The Board inquired about the financial liability of Borrego Health with Dr. Bárzaga, CEO, describing the media reports on their process for bids of the facilities for sale to other entities. The district is concerned with the continuity of services and workforce challenges.</p> <p>Director Zendle requested a more complex update on the Desert Highland Gateway Estates monthly report and future meetings beyond the current data.</p>	
<p>H. Adjournment</p>	<p>President Borja adjourned the meeting at 7:41 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Carmina Zavala, PsyD, Secretary
Desert Healthcare District Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DESERT HEALTHCARE FOUNDATION					
NOVEMBER 2022 FINANCIAL STATEMENTS					
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Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
July through November 2022

	MONTH			TOTAL		
	Nov 22	Budget	\$ Over Budget	Jul - Nov 22	Budget	\$ Over Budget
Income						
4000 · Gifts and Contributions	8,310	4,167	4,143	60,889	20,835	40,054
4003 · Grants	101,231	179,167	(77,936)	321,789	895,835	(574,046)
4116 · Bequests - Frederick Lowe	5,265	5,000	265	24,654	25,000	(346)
4130 · Misc. Income	0	83	(83)	0	415	(415)
8015 · Investment Interest Income	8,849	12,500	(3,651)	45,174	62,500	(17,326)
8040 · Restr. Unrealized Gain/(Loss)	226,141	(8,333)	234,474	225,496	(41,665)	267,161
Total Income	349,796	192,584	157,212	678,002	962,920	(284,918)
Expense						
5001 · Accounting Services Expense	958	1,375	(417)	4,790	6,875	(2,085)
5035 · Dues & Memberships Expense	0	42	(42)	26	210	(184)
5057 · Investment Fees Expense	3,442	4,167	(725)	17,815	20,835	(3,020)
5065 · Legal Costs Ongoing Expense	0	83	(83)	0	415	(415)
5101 · DHCD-Exp Alloc Wages& benefits	15,200	15,376	(176)	76,000	76,880	(880)
5102 · DHCD-Expenses - CVEC	11,318	25,613	(14,295)	67,566	128,065	(60,499)
5106 · Marketing & Communications	26	2,917	(2,891)	198	14,585	(14,387)
5110 · Other Expenses	199	417	(218)	1,399	2,085	(686)
5115 · Postage & Shipping Expense	0	8	(8)	0	40	(40)
5120 · Professional Fees Expense	0	83	(83)	0	415	(415)
8051 · Major grant expense	101,231	145,833	(44,602)	316,789	729,165	(412,376)
8052 · Grant Expense - Collective/Mini	0	2,500	(2,500)	0	12,500	(12,500)
Total Expense Before Social Services	132,374	198,414	(66,040)	484,583	992,070	(507,487)
5054 · Social Services Fund	0	5,000	(5,000)	14,000	25,000	(11,000)
Net Income	217,422	(10,830)	228,252	179,419	(54,150)	233,569

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of November 30, 2022

				Nov 30, 22	Nov 30, 21
ASSETS					
Current Assets					
Checking/Savings					
100 - CASH					
150 - Petty Cash				200	200
151 - Checking - Union Bank 7611				1,811,592	620,813
152 - Checking - Union Bank 8570				141,438	112,237
Total Checking/Savings				1,953,230	733,250
Total Accounts Receivable				109,531	400,000
Other Current Assets					
316 - Accrued Revenue				0	300,000
476-486 - INVESTMENTS					
477 - Morgan Stanley-Investments					
477.2 - Unrealized Gain/(Loss)				(238,548)	78,953
477 - Morgan Stanley-Investments - Other				2,060,061	3,131,520
Total 477 - Morgan Stanley-Investments				1,821,513	3,210,473
486 - Merrill Lynch					
486.1 - Merrill Lynch Unrealized Gain				712,230	736,871
486 - Merrill Lynch - Other				2,020,334	1,880,054
Total 486 - Merrill Lynch				2,732,564	2,616,925
Total 476-486 - INVESTMENTS				4,554,077	5,827,398
500 - CONTRIBUTIONS -RCVB -CRTS					
515 - Contrib RCVB-Pressler CRT				62,367	74,787
530 - Contrib RCVB-Guerts CRT				126,022	126,022
Total 500 - CONTRIBUTIONS -RCVB -CRTS				188,389	200,809
601 - Prepaid Payables				5,864	4,208
Total Other Current Assets				4,748,330	6,332,415
TOTAL ASSETS				6,811,091	7,465,665

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of November 30, 2022

		Nov 30, 22	Nov 30, 21
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
	1000 · Accounts Payable	17,467	28,565
	1052 · Account payable-DHCD Exp Alloc	130,737	118,361
	Total Accounts Payable	148,204	146,926
Other Current Liabilities			
	2183 · Grants Payable-COVID-CARES PHI	114,102	735,507
	2190 · Current - Grants payable	70,980	3,254,971
	Total Other Current Liabilities	185,082	3,990,478
	Total Current Liabilities	333,286	4,137,404
Long Term Liabilities			
	2186 · Grants payable	200,000	1,600,000
	Total Liabilities	533,286	5,737,404
Equity			
	3900 · Retained Earnings	6,098,389	1,834,713
	Net Income	179,419	(106,452)
	Total Equity	6,277,808	1,728,261
TOTAL LIABILITIES & EQUITY		6,811,091	7,465,665

DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 11/30/22					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
ASSETS					
	150 - Petty Cash	200	200	-	-
	151 - Checking - Union Bank 7611*	1,811,592	1,619,744	191,848	-
	152 - Checking - Union Bank 8570*	141,438	-	141,438	-
	Total 100 - CASH - UNRESTRICTED	1,953,230	1,619,944	333,286	-
Accounts Receivable					
	321 - Accounts Receivable - Other	109,531	-	109,531	-
	Total Accounts Receivable	109,531	-	109,531	-
477 - Invt-Morgan Stanley					
	477.2 - Unrealized Gain	(238,548)	-	(238,548)	-
	477 - Invt-Morgan Stanley	2,060,061	496,821	1,563,240	-
	Total 477 - Invt-Morgan Stanley	1,821,513	496,821	1,324,692	-
6441	486.1 - Merrill Lynch Unrealized Gain	712,230	-	712,230	-
	486 - Merrill Lynch	2,020,334	-	2,020,334	-
	Total 486 - Merrill Lynch	2,732,564	-	2,732,564	-
	515 - Contrib RCVB-Pressler CRT	62,367	-	-	62,367
	530 - Contrib RCVB-Guerts CRT	126,022	-	-	126,022
	601 - Prepaid payables	5,864	5,864	-	-
	Total Current Assets	6,811,091	2,122,629	4,500,073	188,389
	TOTAL ASSETS	6,811,091	2,122,629	4,500,073	188,389
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
	1000 - Accounts Payable	17,467	-	17,467	-
	1052 - Account Payable - DHCD - Alloc Expenses	130,737	-	130,737	-
	2183 - Grants Payable-COVID-CARES PHI	114,102	-	114,102	-
	2190 - Grants Payable - Current Portion	70,980	-	70,980	-
	Total Current Liabilities	333,286	-	333,286	-
	2186 - Grant Payable - Long Term	200,000	-	200,000	-
	Total Liabilities	533,286	-	533,286	-
Equity					
	3900 - Retained Earnings	6,098,389	1,943,213	3,966,787	188,389
	Net Income	179,419	179,419	-	-
	Total Equity	6,277,808	2,122,630	3,966,787	188,389
	TOTAL LIABILITIES & EQUITY	6,811,091	2,122,629	4,500,073	188,389
* Restricted funds include Pass-Through Funds and Accounts Payable					

Desert Healthcare Foundation
Deposit Detail
November 2022

Type	Date	Name	Account	Amount
Deposit	11/10/2022		151 - Checking - Union Bank 7611	5,188
Payment	11/10/2022	Inland Empire Health Plan	1499 - Undeposited Funds	(5,188)
TOTAL				(5,188)
Deposit	11/22/2022		151 - Checking - Union Bank 7611	5,265
		American Society of Composers	4116 - Bequests - Frederick Lowe	(5,265)
TOTAL				(5,265)
Deposit	11/29/2022		151 - Checking - Union Bank 7611	10
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(10)
Deposit	11/30/2022		152 - Checking - Union Bank 8570	43,577
Payment	11/30/2022	Riverside County - Public Health	1499 - Undeposited Funds	(43,577)
TOTAL				(43,577)
			TOTAL	54,040

Desert Healthcare Foundation
Check Register
As of November 30, 2022

Type	Date	Num	Name	Amount
100 - CASH				
151 - Checking - Union Bank 7611				
Bill Pmt -Check	11/03/2022	5372	Giovanni Gutierrez - CVEC logo design services	(2,500)
Bill Pmt -Check	11/08/2022	5373	Miguel Delgado - Pico De Gallo advertising	(400)
Bill Pmt -Check	11/08/2022	5374	Union Bank	(17,194)
Bill Pmt -Check	11/09/2022	ACH 110922	CONCUR, INC.	(15,474)
Bill Pmt -Check	11/17/2022	5375	Alejandro Espinoza - Expense reimbursement	(1,876)
Check	11/28/2022		Bank Service Charge	(182)
Bill Pmt -Check	11/29/2022	5376	Verizon Wireless	(145)
TOTAL				(37,771)

Desert Healthcare Foundation						
Details for Credit Card Expenditures						
Credit card purchases - October 2022 - Paid November 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 Santacruz - Chief of Community Engagement						
Routine types of charges:						
Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.						
Statement						
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	
Monthly Statement:		\$ 17,194.31				
2022	October	\$ 17,194.31	Foundation			
			5102	\$ 2,000.31	Enterprise - rental truck	
			5106	\$ 10.99	cvHIP.com hosting	
			5106	\$ 14.99	Desert Sun subscription - marketing	
			5102	\$ 2,163.68	Enterprise - rental truck	
			5102	\$ 225.75	Facebook advertising for CV Collaborative	
			5102	\$ 64.95	Kroger - gift cards for CVEC Vaccination Clinics	
			5102	\$ 2,004.95	Kroger - gift cards for CVEC Vaccination Clinics	
			5102	\$ 2,004.95	Kroger - gift cards for CVEC Vaccination Clinics	
			5102	\$ 136.82	The Plaza Restaurant - food for CVEC event	
			5102	\$ 3,000.00	Cardenas - gift cards for CVEC Vaccination Clinics	
			5102	\$ 195.40	Zapopan Mexican Food - food for CVEC event	
			5102	\$ 173.83	Juan Pollo - food for CVEC event	
			5102	\$ 42.55	Arco - refreshments for Promotoras for vaccination event	
			5102	\$ 2,004.95	Kroger - gift cards for CVEC Vaccination Clinics	
			5102	\$ 64.95	Kroger - gift cards for CVEC Vaccination Clinics	
			5102	\$ 2,004.95	Kroger - gift cards for CVEC Vaccination Clinics	
			5102	\$ 500.00	Facebook advertising for CV Collaborative	
			5102	557.53	Palm Springs Parks and Recreation - Facility rental fee for 11/1, 11/8 & 11/15 testing events	
			5102	\$ 22.76	Arco - refreshments for event	
				\$ 17,194.31		

**DESERT HEALTHCARE FOUNDATION
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE**

November 30, 2022

TWELVE MONTHS ENDING JUNE 30, 2023

A/C 2190 and A/C 2186-Long term		6/30/2022	New Grants	11/30/2022		
		Open	Current Yr	Total Paid	Open	
Grant ID Nos.	Name	BALANCE	2022-2023	July-June	BALANCE	
Health Portal	Remaining Collective Funds-Mayor's Race & DHCF	\$ 67,117		\$ 21,482	\$ 45,635	HP-cvHIP
BOD - 04/24/18 & 06/28/22	Behavioral Health Initiative Collective Fund + Expansion	\$ 3,297,169		\$ 336,023	\$ 2,961,146	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services	\$ 720,282		\$ 133,631	\$ 586,651	Avery Trust
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund	\$ 94,057		\$ -	\$ 94,057	Homelessness
BOD - 02/23/21 BOD (#1148)	OneFuture - Black and African American Healthcare Scholarship - 2 yrs	\$ 65,000		\$ 45,000	\$ 20,000	
BOD - 07/27/21 BOD (#1288)	Borrogo Community - Improving Access to Healthcare - 3 yrs	\$ 545,000		\$ 14,722	\$ 530,278	
F&A - 6/11/19, 6/09/20, 6/22/21 Res. NO. 21-02, 22-17	Prior Year Commitments & Carry-Over Funds	\$ 1,544,156		\$ -	\$ 1,544,156	
TOTAL GRANTS		\$ 6,332,781	\$ -	\$ 550,858	\$ 5,781,924	
Summary: As of 11/30/2022		Uncommitted & Available				
Health Portal (CVHIP):	\$ 45,635	\$ 45,635				
Behavioral Health Initiative Collective Fund	\$ 2,961,146	\$ 1,960,733				
Avery Trust - Pulmonary Services	\$ 586,651	\$ 509,573				
West Valley Homelessness Initiative	\$ 94,057	\$ 71,557				
Healthcare Needs of Black Communities	\$ 550,278	\$ -				
Prior Year Commitments & Carry-Over Funds	\$ 1,544,156	\$ 1,544,156				
Total	\$ 5,781,923	\$ 4,131,654				
Amts available/remaining for Grant/Programs - FY 2022-23:			FY23 Grant Budget	Social Services Fund #5054		
Amount budgeted 2022-2023		\$ 530,000	\$ 500,000	Budget	\$ 60,000	
Amount granted year to date		\$ -	\$ 30,000	DRMC Auxiliary	\$ 8,000	Spent YTD
Mini Grants:				Eisenhower	\$ 6,000	
Net adj - Grants not used:				Balance Available	\$ 46,000	
Contributions / Additional Funding						
Prior Year Commitments & Carry-Over Funds	FY19-20 \$284,156; FY20-21 \$730,000; FY21-22 \$530,000	\$ 1,544,156				
Balance available for Grants/Programs		\$ 2,074,156				

**DESERT HEALTHCARE FOUNDATION
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE**

November 30, 2022

FISCAL YEAR ENDING JUNE 30, 2023

A/C 2183	Grant ID Nos.	Name	TOTAL	6/30/2022	Current Yr 2022-2023	Total Paid/Accrued July-June	11/30/2022	ELC3 Funds
			Grant	Open			ELC3 Funds Payable	ELC3 Funds Remaining
			BALANCE	BALANCE			BALANCE	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 - 03/23/21 (#1275)	Lideres Campesinas, Inc. - Take It to the Fields Initiative	\$ 125,000	\$ 35,000		\$ 35,000	\$ -	
	BOD - 04/26/22 - Contract Amendment*	Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - \$750,000 (\$625,000 for grants) (Reimbursement Grant)						
	BOD - 03/23/21 (#1268)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative	\$ 170,000	\$ 40,305		\$ 74,815	\$ 38,363	\$ 56,822
	BOD - 03/23/21 (#1269)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN	\$ 50,000	\$ 6,901		\$ 17,252	\$ 10,259	\$ 22,489
	BOD - 03/23/21 (#1270)	Galilee Center - Emergency Services	\$ 70,000	\$ 37,144		\$ 50,459	\$ 12,865	\$ 6,676
	BOD - 03/23/21 (#1272)	Youth Leadership Institute - COVID-19 ECV Collaborative	\$ 35,000	\$ 5,153		\$ 10,110	\$ 13,167	\$ 11,723
	BOD - 03/23/21 (#1274)	Todec Legal Center Perris - Sembrando Prevencion	\$ 300,000	\$ 48,688		\$ 120,457	\$ 39,448	\$ 140,094
	TOTAL GRANTS		\$ 625,000	\$ 173,191	\$ -	\$ 308,094	\$ 114,102	
	ELC Amendment	Passthrough to Community Based Organizations	\$ 625,000	\$ 138,191	\$ -	\$ 273,094	\$ 114,102	\$ 237,804
		CARES/ELC Administrative Costs	\$ 125,000	\$ 30,414	\$ -	\$ 67,492	\$ 30,707	\$ 26,801
	Total ELC Amendment		\$ 750,000	\$ 168,605	\$ -	\$ 340,586	\$ 144,809	\$ 264,605
						Account 2183	\$ 114,102	
	Amts available/remaining for Grant/Programs - FY 2022-23:						\$ -	
	Amount granted year to date		\$ 249,005					
	Foundation Administration Costs		\$ 67,785					
	Contributions / Additional Funding	ELC3 Amendment \$750,000	\$ (316,790)					
	Balance available for Grants/Programs		\$ -					
						Total Grant	\$ 2,400,000	\$ 750,000
						Received to Date	\$ 2,400,000	\$ 384,163
						Balance Remaining	\$ -	\$ 365,837

*Contract #21-024 Amendment is on a reimbursement basis and will reflect expenses as they are invoiced and receivable from County of Riverside.



Date: December 20, 2022

To: Board of Directors

Subject: Grant #1046 – Public Health Institute – no cost grant extension for three (3) months

Program Committee recommendation: forward to the Board of Directors a recommendation to approve a three (3) month no-cost grant extension, extending the grant agreement through May 31, 2023.

Background: On January 28, 2020, the Desert Healthcare Foundation Board of Directors awarded a \$250,000 grant to the Public Health Institute for a project to gather and analyze data on air quality and health concerns in the Coachella Valley. The term of the grant was from March 1, 2020 through February 28, 2023.

Current: Per the email (attached) Alexa Wilkie, Public Health Institute’s Deputy Director, the request for a three (3) month no cost grant extension is to allow more time for PHI to complete Goal #5 – the white paper outlining results of the monitoring and analyses and summarizing practical policy options to mitigate sources and reduce exposures harmful to health. The three-month time extension will allow PHI to complete the deliverables. There will be no changes to the budget or the scope of work.

Fiscal Impact: none

Erica Huskey

From: Alexa Wilkie <alexa.wilkie@trackingcalifornia.org>
Sent: Tuesday, November 22, 2022 1:14 PM
To: Donna Craig; Erica Huskey
Cc: Claudia Desmangles; Paul English; Ellen Hsieh
Subject: PHI grant # 1046 - no cost extension?

Hello Donna and Erica,

We wanted to check in to see about the possibility of getting a no-cost extension on this grant, to allow a little more time for us to complete Goal #5 - the white paper outlining results of the monitoring and analyses, and summarizing practical policy options to mitigate sources and reduce exposures harmful to health. Our colleague Max Richardson is the primary writer of this white paper, working with Dr. English and the team, and he has let us know that he will need a little more time to complete this project. Would it be possible to get a time extension on the grant, just for an additional 3 months? That should allow plenty of time for us to complete the deliverables. There would be no changes to the budget or scope of work.

Let us know, and also whether there is anything else you would need from us to process such an extension.

Thank you, and have a Happy Thanksgiving!

Alexa

Alexa Wilkie, MHS, MS

Deputy Director

(they/them or she/her)

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DESERT HEALTHCARE FOUNDATION GRANT EXTENSION AGREEMENT

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

1. **Grant Extension**

Purpose and Use of Extension: Public Health Institute is hereby granted a three (3) month extension to the original grant agreement approved on February 11, 2020 for Coachella Air Quality and Health Analysis.

No additional funds will be disbursed. RECIPIENT shall use remaining dollars, if any, from original grant amount of \$250,000 during extension period.

2. **Term of Agreement**

The amended end of term of this agreement shall be May 31, 2023.

3. **Agreement Requirements**

RECIPIENT shall submit a final report with tracking documents to FOUNDATION within thirty (30) days from the expiration of this agreement. All other requirements and conditions not specified in this extension agreement remain the same as in the original grant agreement.

4. **Signatories**

The persons executing this extension agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a member of the RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

RECIPIENT:

Public Health Institute
555 12th Street, 10th Floor
Oakland, CA 94607

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

Authorized Signatory for Desert Healthcare Foundation:

Name: Conrado Barzaga, M.D.

Title: Chief Executive Officer

SIGNATURE

DATE

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

EXHIBIT B

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

(revised to reflect a three (3) month no cost grant extension)

<u>Project Title</u> Coachella Valley Air Quality and Health Analysis	<u>Start/End</u> 3/1/2020 2/28/2023 <i>Amended to reflect a three (3) month no cost extension</i> <u>5/31/2023</u>
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PAYMENTS:

(6) Payments: \$37,500.00
10% Retention: \$25,000.00

Total request amount: \$250,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
3/01/2020	Signed Agreement submitted & accepted	Advance of \$37,500.00 for time period 3/01/2020- 8/31/2020
9/01/2020	1 st six-month (3/01/2020 - 8/31/2020) progress and budget reports submitted & accepted	Advance of \$37,500.00 for time period 9/01/2020 -2/28/2021
3/01/2021	2 nd six-month (9/01/2020- 2/28/2021) progress and budget reports submitted and accepted	Advance of \$37,500.00 for time period 3/01/2021 - 8/31/2021
9/01/2021	3 rd six-month (3/01/2021- 8/31/2021) progress and budget reports submitted and accepted	Advance of \$37,500.00 for time period 9/01/2021 - 2/28/2022
3/01/2022	4 th six-month (9/01/2021 - 2/28/2022) progress and budget reports submitted and accepted	Advance of \$37,500.00 for time period 3/01/2022 - 8/31/2022

9/01/2022	5 th six-month (3/01/2022- 8/31/2022) progress and budget reports submitted and accepted	Advance of \$37,500.00 for time period 9/01/2022 - 2/28/2023
3/01/2023	6 th six-month (9/01/2022 - 2/28/2023) progress and budget reports submitted and accepted	\$0
3/31/2023 6/30/2023	Final report (3/01/2020 - 2/28/2023 5/31/2023) and budget reports submitted & accepted	\$25,000.00 (10 % retention)

TOTAL GRANT AMOUNT: \$250,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: In Year 1, conduct a sample survey of 250 respondents in English and Spanish by mobile device to estimate prevalence of undiagnosed and physician-diagnosed asthma and cardiovascular disease among permanent residents of the Coachella Valley, with oversampling of vulnerable communities in the Eastern portion of the valley and of tribal populations.</p>	<p>Evaluation #1: A survey questionnaire and sampling plan for this project will be developed with feedback from the project team. Informed consent materials and results return materials for respondents of the survey conducted as part of this project will also be developed with feedback from the project team. Feedback received from the project team on the survey questionnaire, sampling plan, informed consent materials, and results return materials will be documented in call or meeting notes and written documentation (eg email responses, written comments in drafts, etc.)</p> <p>Potential evaluation metrics could include:</p> <ol style="list-style-type: none"> 1) Number of outreach materials distributed to recruit survey respondents, especially from vulnerable communities and tribal populations; 2) Number of prospective respondents invited to participate in the survey; 3) Number of prospective respondents from vulnerable communities and tribal populations invited to participate in the survey; 4) Total number of surveys collected (goal = 250); 5) Number of surveys collected from respondents in vulnerable communities and tribal populations in the Eastern Coachella Valley
<p>Goal #2: In Year 1, conduct an analysis of current and historic emergency room visits and hospitalizations for asthma and cardiovascular disease by zip code and comparable Indian Health Service data for the DHDF areas.</p>	<p>Evaluation #2: Data on current and historical emergency room (ER) visits and hospitalizations for asthma and cardiovascular disease will be requested, collected and prepared for analysis for all zip codes and DHDF service areas in the Eastern Coachella Valley. Any potential data gaps identified or challenges encountered in accessing or obtaining this data will be documented and communicated to the project team.</p>

	<p>A detailed plan for analyzing ER visit and hospitalization data will be developed. Feedback from the project team will be solicited and incorporated into the final plan. Feedback received from the project team on this plan for data analysis will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in reviewed drafts, etc.).</p>
<p>Goal #3: In Year 1, conduct an analysis of available PM2.5, PM10, and ozone air pollution data for the DHDF areas, including seasonal trends, federal exceedances and health benchmarks.</p>	<p>Evaluation #3: Available data on PM2.5, PM10, and ozone air pollution - including seasonal trends, federal exceedances and benchmarks - will be requested, collected and prepared for analysis for all zip codes and DHDF service areas. Any data gaps identified or challenges encountered in accessing or obtaining this data will be documented and communicated to the project team.</p> <p>A detailed plan for analyzing air quality data will be developed. Feedback from the project team will be solicited and incorporated into the final plan. Feedback received from the project team on this plan for data analysis will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in drafts, etc.).</p>
<p>Goal #4: During Years 1-3, conduct source apportionment monitoring at one primary site in the Coachella valley for a 12 month period to improve understanding of the sources of particulate matter in the Valley, with additional targeted PM2.5 and PM10 measurements at locations of interest, such as where high pollution levels are expected and where vulnerable populations are located.</p>	<p>Evaluation #4: Source apportionment monitor siting locations and process for this project will be developed with collaboration among the project team. Feedback received from the project team and community members on monitor maintenance issues will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in drafts, etc.).</p> <p>Potential evaluation metrics could include:</p> <ol style="list-style-type: none"> 1) Number of source apportionment monitoring sites confirmed (expect 1, but hope to work with local collaborators to increase this) 2) Number of additional PM monitors installed 3) Number of targeted samples to be collected (goal = 30) 4) Number of site agreements collected from confirmed monitor hosts
<p>Goal #5: By the project completion, produce a white paper outlining results of the monitoring and analyses, and summarize practical policy options to mitigate sources and reduce exposures harmful to health.</p>	<p>Evaluation #5: Feedback received from the project team on the draft white paper will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in reviewed drafts, etc.). A distribution plan for the white paper will also be developed that includes target audiences for policy options listed as well as community members consulted during the monitor siting process, monitor hosts, and survey respondents.</p>

RESOLUTION NO. 22-31

**RESOLUTION OF THE BOARD OF DIRECTORS OF
DESERT HEALTHCARE FOUNDATION RE-RATIFYING
THE STATE OF EMERGENCY AND RE-AUTHORIZING
REMOTE TELECONFERENCE 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 December 20, 2022, by the following roll call vote:

AYES: Directors _____

NOES: Directors _____

ABSTAIN: Directors _____

ABSENT: Directors _____

Evett PerezGil, Vice-President
Board of Directors

ATTEST:

Carmina Zavala, PsyD, Secretary
Board of Directors



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 20, 2022
To: Board of Directors
Subject: Inland Empire Health Plan (IEHP) Connect IE Professional Service Agreement to receive \$98,781.90 for services performed by the Foundation

Staff Recommendation: Approve the Inland Empire Health Plan Connect IE Professional Services Agreement

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 training 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 Connect IE platform, including the electronic referral network, which is set to launch on January 1, 2023.

Fiscal Impact

\$98,781.90 received from the professional services agreement with IEHP to compensate for scope of work performed by the Foundation.

PROFESSIONAL SERVICES AGREEMENT

FOR

CONNECT IE PROJECT SERVICES

BETWEEN

INLAND EMPIRE HEALTH PLAN

AND

DESERT HEALTHCARE DISTRICT AND FOUNDATION



**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. SERVICES

- 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 January 1, 2023 to December 31, 2023, 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. Insurance coverage provided by Special District Risk Management Authority.

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 and CONTRACTOR are 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:

Coronado 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:

INLAND EMPIRE HEALTH PLAN:

By: _____
Coronado Barzaga
Chief Executive Officer

By: _____
Jarrod McNaughton, MBA, FACHE
Chief Executive Officer

Date: _____

Date: _____

By: _____
Chair, IEHP Governing Board

Date: _____

Attest: _____
Secretary, IEHP Governing Board

Date: _____

Approved as to Form:

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

Date: _____

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. 3 per month Connect IE presentations to local CBO's, medical providers, school districts, churches, and government agencies. (No less than 36 annually)
- B. 1 per month (12 annually) onboarded local CBO's, medical providers, school districts, churches, and government agencies to utilize Connect IE.
- C. 3 per month (36 annually) Connect IE post on DHCD and Connect IE social media accounts highlighting a local organization and /or service.
- D. Educate and engage 1-2 per month (20 annually) Coachella Valley agencies to create core agencies using Connect IE's Community Information Network (CIN) functionality.
- E. Identify 1-2 quarterly (8 annually) CBOs CIN 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
- F. 5 or more agencies (annually) to engage in the Community Information Network concepts leading to formal agreements that create a core agency using Connect IE's Community Information Network (CIN) functionality



- G. Participate in 2 quarterly (8 Annual) Community events such as health fairs to promote the Connect IE platform.

Coachella Valley Deliverables Table			
Deliverables	Monthly Quota	Quarterly Quota	Annual Quota
Presentations/Virtual Meetings	3	9	36
Onboard Agencies to Utilize Connect IE	1	3	12
Social Media Posts	3	9	36
CIE Network Agencies/Signed MOUs	N/A	2	8
Agencies engaged in CIN Functionality	N/A	1-2	5
Participation in Community Events/ Health Fairs	N/A	2	8

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

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, 2023, 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 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
36	Connect IE presentations to local CBO’s, medical providers, school districts, churches, and government agencies	\$33,500
12	Onboarded local CBO’s, medical providers, school districts, churches, and government agencies to utilize Connect IE.	\$12,450
36	Connect IE post on DHCD and Connect IE social media accounts highlighting a local organization and /or service	\$15,000

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
8	Signed MOUs of at least 8 agencies (annually), agreeing to respond to the Social Determinants of Health needs of resident and referrals from healthcare and other providers by utilizing Connect IE.	\$6,134.40
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	\$5,187.5
8	Participate in 2 quarterly (8 Annual) Community events such as health fairs to promote the Connect IE platform.	\$5,760
TOTAL PROJECTED AMOUNT FOR 2023		\$98,781.90
TOTAL NOT TO EXCEED AGGREGATE AMOUNT		\$181,781.90

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

ATTACHMENT C

OWNERSHIP INFORMATION

Contractor's Name: _____

Tax Identification Number (TIN): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

President: _____ **Contact Person:** _____

Person Signing Contract: _____

Broker Representative: _____

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**
- **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%.

<u>Name</u>	<u>Ownership/Creditorship % (If greater than 5% interest)</u>
--------------------	--

Authorized Signature

Date



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 20, 2022
To: Board of Directors
Subject: CV Equity Collaborative: COVID-19 Testing and Vaccine Update

Staff Recommendation: Informational item only

Background:

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

COVID-19 Testing Update:

- The CVEC has continued to coordinate multiple COVID-19 testing events that have been hosted throughout the Coachella Valley. The tests include both rapid testing (BiNex Now & iHealth) and PCR testing (Primary Health) if needed.
- The CVEC Promotoras have continued the weekly COVID-19 testing every Monday, Wednesday, and Friday at the DSUSD offices in La Quinta.
- The TODEC offices in Coachella continue to provide access to community residents in the Eastern Coachella Valley to free and rapid testing every Monday from 10am to 4pm.
- The CVEC finished the CA Dept of Public Health incentivized COVID-19 testing program. The 6-week program tested **5,805** District residents and provided them with a \$20 gift card at the point of testing. The fixed sites for this program included:
 - TODEC (Coachella)
 - Joslyn Center (Palm Desert)
 - DSUSD Office (La Quinta)
 - Thousand Palms Community Center (Thousand Palms)

- Desert Highland Gateway (Palm Springs)
 - Cathedral City Senior Center (Cathedral City)
 - Desert Hot Springs Family Center (Desert Hot Springs)
 - North Shore Beach and Yacht Club (North Shore)
- To date, a total of **318** COVID-19 testing clinics resulting in roughly **23,437** COVID-19 tests have been provided at events organized by the CVEC and its partners. In addition, more than **9,000** COVID-19 at-home tests have been provided at COVID-19 testing and community events.

COVID-19 Vaccination Update

- In the last couple of months, COVID-19 testing and vaccination events have seen a decline in 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. In addition, 400 gift cards of \$20 have been purchased and will be provided as an incentive to those who receive a vaccine at one of the CVEC-organized vaccination clinics.

- In partnership with the San Bernardino Catholic Diocese, monthly incentivized vaccination clinics have been hosted at Our Lady of Soledad in Coachella, CA, and Our Lady of Guadalupe in Mecca, CA with great results. Plans are in place to host additional incentivized vaccination clinics in Cathedral City and Desert Hot Springs.
- Monthly incentivized vaccination clinics in partnership with CVUSD and DSUSD have been hosted with good attendance. Ongoing vaccination clinics are planned until the end of the year.
- To date, a total of **367** COVID-19 vaccination clinics resulting in **47,117** 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 CV Pharmacy, and Borrego Health. In addition, a total of **648** doses of the flu vaccine have been provided since September 18, 2023 at CVEC sponsored COVID-19 vaccination clinics.

Fiscal Impact:

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

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



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 20, 2022
To: Board of Directors
Subject: SCAQMD: Partnerships for Air Quality Community Training in Rural Communities in the Eastern Coachella Valley

Staff Recommendation:
Informational item only

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.
- The Desert Healthcare District and Foundation received \$27,000 and match with an additional \$27,000 totaling \$54,000 of which \$40,000 was awarded by the DHCD Board of Directors on April, 26,2022 to Alianza Coachella Valley, a local community-based organization with a proven track record of environmental health.
- On August 12, 2022 a feedback session with SCAQMD air sensor technology staff was held with Dr. Will Porter from UC Riverside, Dr. Ryan Sinclair from Loma Linda University, Alianza CV staff, and DHCD staff to discuss the capacity of the air monitors selected for the program.

Update

- Alianza CV staff have identified 15 community members and Promotoras who will

participate in the Air Quality Academy, these same community members and Promotoras will be installing an air quality sensor in their homes to collect hyper-local air quality data that will be part of the SCAQMD and EPA Air Now network.

- A project kickoff meeting between staff from SCAQMD, HARC, Alianza CV, DHDC, and the Air Quality Academy participants was held on November 29th, 2023 at the Mecca library.
- The Air Quality Academy will commence in January 2023 with an additional two meetings in February and March 2023.

Fiscal Impact:

\$27,000 matching funds to be allocated from the Avery Trust Fund



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 20, 2022
To: BOARD OF DIRECTORS
Subject: Behavioral Health Initiative Informational Update

Staff Recommendation: Information only

History/Background:

- The California Hospital Association held its annual Behavioral Health Care Symposium on December 5th and 6th. The symposium focused on sharing information related to cutting edge innovative treatment practices and legislative policy changes. The highlighted items that are pertinent to the work of the District and its continued focus on behavioral health are summarized below.
- EmPATH: Expanding An Effective Emergency Department Boarding System: The creation of EmPATH (Emergency Psychiatric, Assessment, Treatment and Healing) units that provide hospital based behavioral health support to patients experiencing a psychiatric emergency on site in specially designed physical spaces to promote stabilization often resulting in the discharging of the patient home instead of transferring to an acute psychiatric setting. There are 6 hospitals that currently are piloting this model through grants that were issued by the State of California and consist of 1 hospital serving children and youth, 1 rural hospital and 4 other hospitals across the state. As the outcomes from this preliminary pilot are reviewed/analyzed this model may be a workable option in more locations in California.
- California Bridge Program/UC Davis: The introduction of the Low Barrier – High Touch model of treatment for Substance Abuse utilizing Substance Use Navigators. This program highlights the importance of navigators with lived experience that can be effective linkage points for those in need of care and treatment throughout the stabilization process.
- Legislative Policy Review: Legislation related to the provision of behavioral health care included SB 855 that will require all health plans to cover all behavioral health services that are deemed medically necessary. The impact of this requirement will reside with the interpretation of the term “medically necessary” and the structured enforcement/oversight aspect that is identified.
- The progress of the aforementioned projects as they advance and any potential applicability for the Coachella Valley community will be an ongoing area of focus.
- End of year Behavioral Health Initiative Recap: Ideas being explored for the new year (January) include branding of the overall work of the initiative as a collective that will combine the work of all of the working groups into one, targeted meeting presentations designed to promote increased awareness of actual resources in the Coachella Valley with cross organization coordination for our community members, focused interventions to improve workforce capacity, and through our stakeholder convening processes the identification of the focus area for the next District behavioral health RFP for release in early 2023.

Fiscal Impact: None



DESERT HEALTHCARE FOUNDATION
SPECIAL FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE
December 13, 2022

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair/Treasurer Arthur Shorr Director Les Zendle, MD	Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Andrea S. Hayles, Board Relations Officer	Conrado E. Bázquez, MD, Chief Executive Officer

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Director Zendle called the meeting to order at 4:08 p.m.	
II. Approval of Agenda	Director Zendle asked for a motion to approve the agenda.	Moved and seconded by Director Shorr and Director Zendle to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment	
IV. Approval of Minutes 1. Minutes – Meeting November 16, 2022	Director Zendle asked for a motion to approve the minutes of the November 16, 2022, F&A Committee meeting.	Moved and seconded by Director Shorr and Director Zendle to approve the November 16, 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 October financials with the committee. The committee reviewed the grant payment schedule requesting an itemization of the Behavioral Health Initiative project funding and additional information on the impact of the Initiative. Donna Craig, Chief Program Officer, described the Behavioral Health Needs Assessment and the working group's establishing goals from the assessment. The grantees are using the Results-Based Accountability (RBA)	Moved and seconded by Director Zendle and Director Shorr to approve the November 2022 financials and forward to the board for approval. Motion passed unanimously.



DESERT HEALTHCARE FOUNDATION
SPECIAL FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE
December 13, 2022

	platform and impending dashboards to collect data. Once complete, the findings will be presented to the Program Committee and Board of Directors.	
VII. Other Matters 1. Promotoras Recognition Event – April 21, 2023 - \$105,357.77	Chris Christensen, CAO, provided background on last year’s promotoras recognition event, the costs, this year’s budgeted amount, and fundraising to offset the remaining expenditures. After substantial discussion by the committee, Director Zendle motioned to table the matter for further discussion and consideration of all grantees and volunteers at next month’s committee meeting.	Moved and seconded by Director Zendle and Director Shorr to table the Promotoras Recognition Event – April 21, 2023 - \$105,357.77 for consideration and recognition of all grantees and volunteers that assist with the District’s mission. Motion passed unanimously.
VIII. Adjournment	Director Zendle adjourned the meeting at 4:30p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Les Zendle, MD, Director, Board of Directors
 Finance & Administration Committee
 Desert Healthcare Foundation Board of Directors

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 13, 2022**

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:29 p.m. by Chair PerezGil. Conrado E. Bárzaga, MD, Chief Executive Officer, experienced technical difficulties preventing him from joining the meeting.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Director Zavala and Director PerezGil to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. November 15, 2022	Chair PerezGil asked for a motion to approve the November 15, 2022, meeting minutes.	Moved and seconded by Director PerezGil and Director Zavala to approve the November 15, 2022, meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
V. Old Business 1. Grant #1046 Public Health Institute – consideration to forward to the Board of Directors approval of a three (3) month no-cost grant extension	Donna Craig, Chief Program Officer, described the approval of the Public Health Institute (PHI) grant in March using the Avery Trust Pulmonary funds to analyze and monitor the health aspects of the Salton Sea and their request for a 3-month no-cost grant extension. Alejandro Espinoza, Chief of Community Engagement,	Moved and seconded by Director PerezGil and Director Zavala to approve Grant #1046 Public Health Institute three (3) month no-cost grant extension and forward to the Board for approval. Motion passed unanimously.

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 13, 2022**

<p>2. Grant Payment Schedules</p>	<p>described the data aspects of the grant associated with air quality and health concerns in the Coachella Valley. Chair PerezGil inquired with the committee concerning any questions about the grant payment schedules. There were no questions or comments.</p>	
<p>3. Coachella Valley Equity Collaborative a. Vaccination, Education, and Outreach</p>	<p>Alejandro Espinoza, Chief Program Officer, provided an update on the Coachella Valley Equity Collaborative, describing the testing incentive program and locations, including the incentivized vaccination clinics in partnership with CVUSD and DSUSD.</p>	
<p>4. Behavioral Health Initiative - Update</p>	<p>Jana Trew, Senior Program Officer, Behavioral Health, provided an update on the Behavioral Health Initiative with an end-of-year recap update, the California Hospital Association Annual Behavioral Health Symposium, six hospitals piloting the newly created EmPATH (Emergency Psychiatric, Assessment, Treatment, and Healing) system, the California Bridge Program at UC Davis, and legislation on SB 855.</p>	
<p>5. Advancing the District's Role in Addressing the Healthcare Needs of Black Communities in the Coachella Valley – Update</p>	<p>Chair PerezGil inquired with the committee concerning any questions about the access to healthcare October report from Borrego Health Foundation.</p>	

DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 13, 2022

<p>a. Access to Healthcare – Borrego Health Foundation</p> <p>b. Black and African American Healthcare Scholarship Program</p>	<p>There were no questions about Borrego Health Foundation October report.</p> <p>Donna Craig, Chief Program Officer, described the continuation of the scholarship program with the Program Committee recommending funding to the Board of the OneFuture Coachella Valley scholarship grant request.</p>	
<p>VI. Program Updates</p>	<p>There were no program updates at this time.</p>	
<p>VII. Committee Member Comments</p>	<p>Chair PerezGil wished everyone Happy Holidays.</p>	
<p>VIII. Adjournment</p>	<p>Chair PerezGil adjourned the meeting at 5:45 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Evet PerezGil, Chair/Vice-President, Board of Directors
Program Committee

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
November 30, 2022							
TWELVE MONTHS ENDING JUNE 30, 2023							
A/C 2190 and A/C 2186-Long term			6/30/2022	New Grants		11/30/2022	
Grant ID Nos.		Name	Open	Current Yr	Total Paid	Open	
			BALANCE	2022-2023	July-June	BALANCE	
Health Portal		Remaining Collective Funds-Mayor's Race & DHCF	\$ 67,117		\$ 21,482	\$ 45,635	HP-cvHIP
BOD - 04/24/18 & 06/28/22		Behavioral Health Initiative Collective Fund + Expansion	\$ 3,297,169		\$ 336,023	\$ 2,961,146	Behavioral Health
BOD - 06/26/18 BOD		Avery Trust Funds-Committed to Pulmonary services	\$ 720,282		\$ 133,631	\$ 586,651	Avery Trust
BOD - 6/25/19 BOD (#1006)		DHCD - Homelessness Initiative Collective Fund	\$ 94,057		\$ -	\$ 94,057	Homelessness
BOD - 02/23/21 BOD (#1148)		OneFuture - Black and African American Healthcare Scholarship - 2 yrs	\$ 65,000		\$ 45,000	\$ 20,000	
BOD - 07/27/21 BOD (#1288)		Borrego Community - Improving Access to Healthcare - 3 yrs	\$ 545,000		\$ 14,722	\$ 530,278	
F&A - 6/11/19, 6/09/20, 6/22/21 Res. NO. 21-02, 22-17		Prior Year Commitments & Carry-Over Funds	\$ 1,544,156		\$ -	\$ 1,544,156	
TOTAL GRANTS			\$ 6,332,781	\$ -	\$ 550,858	\$ 5,781,924	
Summary: As of 11/30/2022			Uncommitted & Available				
Health Portal (CVHIP):	\$	45,635	\$	45,635			
Behavioral Health Initiative Collective Fund	\$	2,961,146	\$	1,960,733			
Avery Trust - Pulmonary Services	\$	586,651	\$	509,573			
West Valley Homelessness Initiative	\$	94,057	\$	71,557			
Healthcare Needs of Black Communities	\$	550,278	\$	-			
Prior Year Commitments & Carry-Over Funds	\$	1,544,156	\$	1,544,156			
Total	\$	5,781,923	\$	4,131,654			
Amts available/remaining for Grant/Programs - FY 2022-23:			FY23 Grant Budget		Social Services Fund #5054		
Amount budgeted 2022-2023			\$ 530,000	\$ 500,000	Budget	\$ 60,000	
Amount granted year to date			\$ -	\$ 30,000	DRMC Auxiliary	\$ 8,000	Spent YTD
Mini Grants:					Eisenhower	\$ 6,000	
Net adj - Grants not used:					Balance Available	\$ 46,000	
Contributions / Additional Funding							
Prior Year Commitments & Carry-Over Funds		FY19-20 \$284,156; FY20-21 \$730,000; FY21-22 \$530,000	\$ 1,544,156				
Balance available for Grants/Programs			\$ 2,074,156				

**DESERT HEALTHCARE FOUNDATION
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE**

November 30, 2022

FISCAL YEAR ENDING JUNE 30, 2023

		TOTAL	6/30/2022			11/30/2022	
		Grant	Open	Current Yr	Total Paid/Accrued	ELC3 Funds	ELC3 Funds
A/C 2183						Payable	Remaining
Grant ID Nos.	Name		BALANCE	2022-2023	July-June	BALANCE	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 - 03/23/21 (#1275)	Lideres Campesinas, Inc. - Take It to the Fields Initiative	\$ 125,000	\$ 35,000		\$ 35,000	\$ -	
BOD - 04/26/22 - Contract Amendment*	Center for Disease Control and Prevention Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from Riverside County - \$750,000 (\$625,000 for grants) (Reimbursement Grant)						
BOD - 03/23/21 (#1268)	El Sol Neighborhood Educational Center - Coachella Valley COVID-19 Collaborative	\$ 170,000	\$ 40,305		\$ 74,815	\$ 38,363	\$ 56,822
BOD - 03/23/21 (#1269)	Alianza Coachella Valley - ECV COVID-19 STRATEGIC COMMUNICATIONS PLAN	\$ 50,000	\$ 6,901		\$ 17,252	\$ 10,259	\$ 22,489
BOD - 03/23/21 (#1270)	Galilee Center - Emergency Services	\$ 70,000	\$ 37,144		\$ 50,459	\$ 12,865	\$ 6,676
BOD - 03/23/21 (#1272)	Youth Leadership Institute - COVID-19 ECV Collaborative	\$ 35,000	\$ 5,153		\$ 10,110	\$ 13,167	\$ 11,723
BOD - 03/23/21 (#1274)	Todec Legal Center Perris - Sembrando Prevencion	\$ 300,000	\$ 48,688		\$ 120,457	\$ 39,448	\$ 140,094
TOTAL GRANTS		\$ 625,000	\$ 173,191	\$ -	\$ 308,094	\$ 114,102	
ELC Amendment	Passthrough to Community Based Organizations	\$ 625,000	\$ 138,191	\$ -	\$ 273,094	\$ 114,102	\$ 237,804
	CARES/ELC Administrative Costs	\$ 125,000	\$ 30,414	\$ -	\$ 67,492	\$ 30,707	\$ 26,801
Total ELC Amendment		\$ 750,000	\$ 168,605	\$ -	\$ 340,586	\$ 144,809	\$ 264,605
					Account 2183	\$ 114,102	
Amts available/remaining for Grant/Programs - FY 2022-23:						\$ -	
Amount granted year to date		\$ 249,005					
Foundation Administration Costs		\$ 67,785					
Contributions / Additional Funding	ELC3 Amendment \$750,000	\$ (316,790)					
Balance available for Grants/Programs		\$ -					
					Total Grant	\$ 2,400,000	\$ 750,000
					Received to Date	\$ 2,400,000	\$ 384,163
					Balance Remaining	\$ -	\$ 365,837

*Contract #21-024 Amendment is on a reimbursement basis and will reflect expenses as they are invoiced and receivable from County of Riverside.



IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

RFP-20201001 - Monthly REPORT

Report Period: 10/01/2022 – 10/31/2022
 (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	<p>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.</p>	<p>Borrego leadership continues 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 utilization of available services.</p> <p>During this reporting period, most of the regular attendees stated to be out of office on the previously scheduled date, therefore no meeting took place during the month of October.</p> <p>Next meeting is scheduled for November 18, 2022.</p>



IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

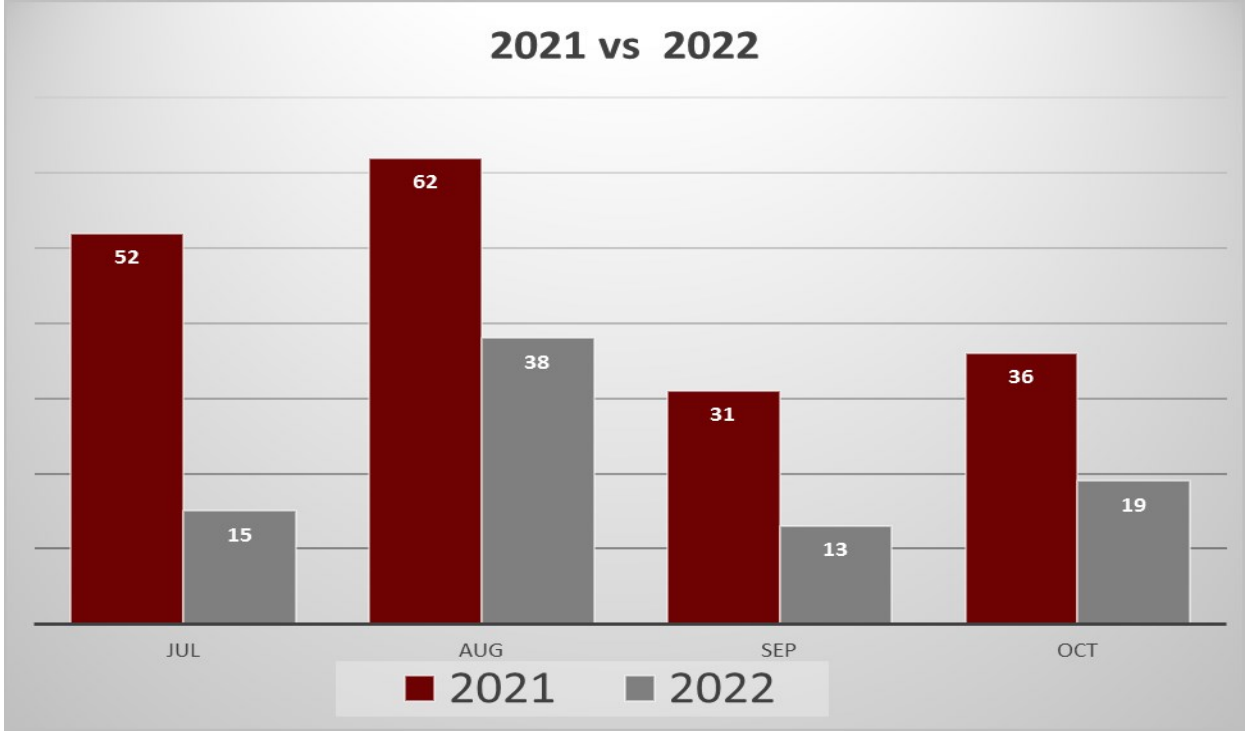
RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																																																																																				
2. Services	By June 30, 2024, a minimum of 2053 patient care medical visits and 860 dental visits will be provided.	<p>During this reporting month, Medical Mobile Services continued to promote available services thru social media and marketed thru flyer distribution at local businesses, apartment complexes, churches, local school district 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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="6" style="text-align: center;">Year 1</th> </tr> <tr style="background-color: #800000; color: white;"> <th style="text-align: center;">Month</th> <th style="text-align: center;">Number of Patients Served</th> <th style="text-align: center;">Number of Visits</th> <th style="text-align: center;">Medical Visits</th> <th style="text-align: center;">Dental Visits</th> <th style="text-align: center;">Total Uninsured</th> </tr> </thead> <tbody> <tr><td>July</td><td style="text-align: center;">51</td><td style="text-align: center;">52</td><td style="text-align: center;">52</td><td style="text-align: center;">0</td><td style="text-align: center;">8</td></tr> <tr><td>August</td><td style="text-align: center;">59</td><td style="text-align: center;">62</td><td style="text-align: center;">62</td><td style="text-align: center;">0</td><td style="text-align: center;">19</td></tr> <tr><td>September</td><td style="text-align: center;">28</td><td style="text-align: center;">31</td><td style="text-align: center;">31</td><td style="text-align: center;">0</td><td style="text-align: center;">5</td></tr> <tr><td>October</td><td style="text-align: center;">33</td><td style="text-align: center;">36</td><td style="text-align: center;">36</td><td style="text-align: center;">0</td><td style="text-align: center;">13</td></tr> <tr><td>November</td><td style="text-align: center;">24</td><td style="text-align: center;">27</td><td style="text-align: center;">27</td><td style="text-align: center;">0</td><td style="text-align: center;">14</td></tr> <tr><td>December</td><td style="text-align: center;">91</td><td style="text-align: center;">101</td><td style="text-align: center;">101</td><td style="text-align: center;">0</td><td style="text-align: center;">31</td></tr> <tr><td>January</td><td style="text-align: center;">171</td><td style="text-align: center;">200</td><td style="text-align: center;">200</td><td style="text-align: center;">0</td><td style="text-align: center;">52</td></tr> <tr><td>February</td><td style="text-align: center;">24</td><td style="text-align: center;">43</td><td style="text-align: center;">43</td><td style="text-align: center;">0</td><td style="text-align: center;">4</td></tr> <tr><td>March</td><td style="text-align: center;">10</td><td style="text-align: center;">30</td><td style="text-align: center;">30</td><td style="text-align: center;">0</td><td style="text-align: center;">2</td></tr> <tr><td>April</td><td style="text-align: center;">28</td><td style="text-align: center;">37</td><td style="text-align: center;">37</td><td style="text-align: center;">0</td><td style="text-align: center;">6</td></tr> <tr><td>May</td><td style="text-align: center;">14</td><td style="text-align: center;">23</td><td style="text-align: center;">23</td><td style="text-align: center;">0</td><td style="text-align: center;">3</td></tr> <tr><td>June</td><td style="text-align: center;">37</td><td style="text-align: center;">41</td><td style="text-align: center;">41</td><td style="text-align: center;">0</td><td style="text-align: center;">6</td></tr> <tr style="background-color: #800000; 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IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES

RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)															
		<p>The graph below represents total visits occurred in the months of July, August, September and October of 2021 vs those that have occurred in July, August, September and October of 2022</p> <div style="text-align: center;">  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>2021 vs 2022 - Total Visits</caption> <thead> <tr> <th>Month</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>JUL</td> <td>52</td> <td>15</td> </tr> <tr> <td>AUG</td> <td>62</td> <td>38</td> </tr> <tr> <td>SEP</td> <td>31</td> <td>13</td> </tr> <tr> <td>OCT</td> <td>36</td> <td>19</td> </tr> </tbody> </table> </div> <p>Due to the ever-changing situation related to the 2019 Novel Coronavirus (COVID-19) mobile dental professionals continue to be considered of increased occupational risk due to the confined space of mobile clinics. Borrego Health has 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. Transportation services continue to be available to and from our dental clinic via Uber Health, for patients who lack transportation.</p>	Month	2021	2022	JUL	52	15	AUG	62	38	SEP	31	13	OCT	36	19
Month	2021	2022															
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3. Community Education Event	Conduct community education events and activities to address health care and other wellness topics	<ul style="list-style-type: none"> During this reporting period, due to the celebration of Halloween and the easy access to sweets and treats, our team launched an oral health awareness campaign, over 350 oral health kits were distributed, each kit contained a two minute timer, tooth brush, tooth paste with fluoride, dental floss and written material on best oral health practices to prevent tooth decay. Mobile clinic staff have utilized the Riverside County Department of Public Health written material provided during the bi-monthly Coachella Valley Equity Collaborative meeting, regarding Monkey Pox to educate and provide information to visitors of the James O Jessie Community Center. Additionally, our nurse practitioner on site held conversations with visitors regarding the new COVID vaccine booster and encouraged those already vaccinated to also consider getting their flu shot this season 																																																		
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.	<p>During this reporting period, Borrego Health's Mobile Services team provided medical services to five (5) uninsured patients.</p> <p>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.</p> <p>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.</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="5" style="text-align: center;">Year 1</th> </tr> <tr style="background-color: #800000; color: white;"> <th style="text-align: center;">Month</th> <th style="text-align: center;">Total Patients Served (insured + Uninsured)</th> <th style="text-align: center;">Total Visits (Insured + Uninsured)</th> <th style="text-align: center;">Total Patient seen -Uninsured</th> <th style="text-align: center;">Patients Enrolled in Health Insurance</th> </tr> </thead> <tbody> <tr><td>July</td><td style="text-align: center;">51</td><td style="text-align: center;">52</td><td style="text-align: center;">8</td><td style="text-align: center;">0</td></tr> <tr><td>August</td><td style="text-align: center;">59</td><td style="text-align: center;">62</td><td style="text-align: center;">19</td><td style="text-align: center;">12</td></tr> <tr><td>September</td><td style="text-align: center;">28</td><td style="text-align: center;">31</td><td style="text-align: center;">5</td><td style="text-align: center;">8</td></tr> <tr><td>October</td><td style="text-align: center;">33</td><td style="text-align: center;">36</td><td style="text-align: center;">13</td><td style="text-align: center;">11</td></tr> <tr><td>November</td><td style="text-align: center;">24</td><td style="text-align: center;">27</td><td style="text-align: center;">14</td><td style="text-align: center;">7</td></tr> <tr><td>December</td><td style="text-align: center;">91</td><td style="text-align: center;">101</td><td style="text-align: center;">31</td><td style="text-align: center;">7</td></tr> <tr><td>January</td><td style="text-align: center;">171</td><td style="text-align: center;">200</td><td style="text-align: center;">52</td><td style="text-align: center;">16</td></tr> <tr><td>February</td><td style="text-align: center;">35</td><td style="text-align: center;">43</td><td style="text-align: center;">4</td><td style="text-align: center;">14</td></tr> </tbody> </table>	Year 1					Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patient seen -Uninsured	Patients Enrolled in Health Insurance	July	51	52	8	0	August	59	62	19	12	September	28	31	5	8	October	33	36	13	11	November	24	27	14	7	December	91	101	31	7	January	171	200	52	16	February	35	43	4	14
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IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES RFP-20201001 - Monthly REPORT

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		March	20	30	2	6
		April	28	37	6	13
		May	21	23	3	9
		June	36	41	6	11
		Total	597	683	163	114
Year 2						
		<i>Month</i>	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patient seen -Uninsured	Patients Enrolled in Health Insurance
		July	15	15	4	9
		August	38	38	9	4
		September	12	13	5	2
		October	19	19	1	0
		Total	84	85	19	15



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

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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.	<p>During this reporting period, one (1) teens was served between the age of twelve (12) to nineteen (19).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="14" style="text-align: center;">Year 1 -2021-2022</th> </tr> <tr style="background-color: #800000; color: white;"> <th></th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>April</th> <th>May</th> <th>Jun</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td style="background-color: #800000; color: white;">Number of Visits</td> <td>38</td> <td>36</td> <td>5</td> <td>15</td> <td>6</td> <td>10</td> <td>34</td> <td>6</td> <td>1</td> <td>10</td> <td>0</td> <td>21</td> <td>148</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="14" style="text-align: center;">Year 2 – 2022-2023</th> </tr> <tr style="background-color: #800000; color: white;"> <th></th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>April</th> <th>May</th> <th>Jun</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td style="background-color: #800000; color: white;">Number of Visits</td> <td>6</td> <td>11</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>19</td> </tr> </tbody> </table>	Year 1 -2021-2022															Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun	Total	Number of Visits	38	36	5	15	6	10	34	6	1	10	0	21	148	Year 2 – 2022-2023															Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun	Total	Number of Visits	6	11	1	1									19
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