



**DESERT HEALTHCARE FOUNDATION  
BOARD MEETING  
Board of Directors  
June 25, 2019  
6:30 P.M.**

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

Regional Access Project (RAP) Foundation  
Conference Room 104  
41550 Eclectic Street  
Palm Desert, CA 92260

***This meeting is handicapped-accessible***

<b>Page(s)</b>	<b>AGENDA</b>	<b>Item Type</b>
	<i>Any item on the agenda may result in Board Action</i>	
	<p><b>A. CALL TO ORDER –</b> President Zendle, MD Roll Call ____Director Shorr____Director Borja____Director PerezGil____ Director Rogers, RN____ Director Matthews____ Vice-President/Secretary De Lara____President Zendle</p>	
<b>1-3</b>	<p><b>B. APPROVAL OF AGENDA</b></p>	<b>Action</b>
	<p><b>C. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the Foundation. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> 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.</p>	
	<p><b>D. CONSENT AGENDA</b> 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></p>	<b>Action</b>
<b>4-9</b>	<p>1. BOARD MINUTES</p>	
<b>10-13</b>	<p>a. Board of Directors Meeting – May 28, 2019 b. Special Meeting of the Board – June 4, 2019</p>	
<b>14-23</b>	<p>2. FINANCE AND ADMINISTRATION a. Approval of May Financial Statements F&amp;A approved June 11, 2019</p>	



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<i><b>Page(s)</b></i>	<b>AGENDA</b>	<i><b>Item Type</b></i>
	<b>E. DESERT HEALTHCARE FOUNDATION CEO REPORT</b>	
<b>24</b>	<b>F. FINANCE &amp; ADMINISTRATION COMMITTEE</b> 1. Meeting Minutes – June 11, 2019	Information
<b>25-26 27</b>	<b>G. PROGRAM COMMITTEE</b> 1. Meeting Minutes – June 11, 2019 2. The California Endowment (TCE) – Public Policy and Research/Academic Partnership Grant a. Eastern Coachella Valley Listening Forums	Information Information
<b>28</b>	3. Consideration to accept grant funds (DHCF #1006) from the Desert Healthcare District – \$1,000,000 – Homelessness Initiative Collective Fund	<b>Action</b>
<b>29 30</b>	<b>H. OLD BUSINESS</b> 1. CVHIP – Information Portal Update 2. Ready Set Swim and Ready Set Swim, Jr Update 3. Homelessness Initiative Update	Information Information
<b>31-35</b>	a. Coachella Valley Association of Governments (CVAG) Memorandum of Understanding First Amendment – CV Housing First	<b>Action</b>
<b>36-37</b>	b. Summer Homeless Survival Fund – - Commit up to \$50,000 - dollar for dollar match - Authorization to Distribute Funds	<b>Action Action</b>
<b>38 39-64</b>	4. Behavioral Health Initiative - Update a. Behavioral Health Ad Hoc Committee/EVALCORP Research & Consulting Update	Information
	<b>I. NEW BUSINESS</b>	
	<b>J. DIRECTORS' COMMENTS, REPORTS, INFORMATIONAL ITEMS, &amp; STAFF DIRECTION AND GUIDANCE</b>	



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**AGENDA**

***Item Type***

**K. ADJOURNMENT**

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



**DESERT HEALTHCARE FOUNDATION**  
**SPECIAL MEETING OF THE BOARD OF DIRECTORS**  
**MEETING MINUTES**  
**May 28, 2019**

Directors Present	District Staff Present	Absent
President Les Zendle, MD Vice-President/Secretary Leticia De Lara Treasurer Mark Matthews Director Carole Rogers, RN Director Evett PerezGil Director Karen Borja Director Arthur Shorr	Chris Christensen, CFO, Interim CEO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Will Dean, Communications and Marketing Director Meghan Kane, Community Health Analyst Vanessa Smith, Health Educator Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President Zendle called the meeting to order at 7:38 p.m.  The Clerk of the Board called the roll with all Directors present.	
<b>B. Approval of Agenda</b>	President Zendle asked for a motion to approve the agenda.	<b>#18-04 MOTION WAS MADE by Director Shorr and seconded by Director Matthews to approve the agenda. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr. Motion passed unanimously. NOES – 0 ABSENT – 0 ABSTAIN – 0</b>
<b>C. Public Comment</b>	No public comment.	
<b>D. Consent Agenda</b>  <b>D.1.a. Board of Directors Meeting – April 23, 2019</b>	President asked for a motion to approve the consent agenda.	<b>#18-05 MOTION WAS MADE by Director Matthews and seconded by Director Shorr to approve the consent agenda. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director</b>



**DESERT HEALTHCARE FOUNDATION**  
**SPECIAL MEETING OF THE BOARD OF DIRECTORS**  
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<p><b>D.2.a. Approval of April and March Financial Statements F&amp;A approved May 14, 2019</b></p>		<p>Rogers, Director PerezGil, Director Borja, and Director Shorr.  <b>Motion passed unanimously.</b>  <b>NOES – 0</b>  <b>ABSENT – 0</b>  <b>ABSTAIN – 0</b></p>
<p><b>E. Desert Healthcare Foundation CEO Report</b></p>	<p>No report was provided.</p>	
<p><b>F. Finance &amp; Administration Committee</b></p> <p>1. <b>Meeting Minutes – May 14, 2019</b></p> <p>2. <b>FY 2019-2020 Annual Budget Review</b></p>	<p>Director Matthews described the minutes of the May 14, 2019, meeting.</p> <p>Chris Christensen, interim CEO, described the annual budget, explained the \$343k salary expense allocation from the District, and the grant funding for the \$300,000 in the East Valley.</p>	<p><b>#18-06 MOTION WAS MADE by Director Matthews and seconded by Director Borja to approve the FY 2019-2020 Annual Budget.</b>  <b>Motion passed unanimously.</b>  <b>AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr.</b>  <b>Motion passed unanimously.</b>  <b>NOES – 0</b>  <b>ABSENT – 0</b>  <b>ABSTAIN – 0</b></p>
<p><b>G. Old Business</b></p> <p>1. <b>CVHIP/IEHP</b></p>	<p>Alejandro Espinoza, Program Officer and Outreach Director, explained the ongoing community outreach for CVHIP/IEHP.</p> <p>President Zendle suggests outreach to medical providers and other medical organizations.</p>	



**DESERT HEALTHCARE FOUNDATION**  
**SPECIAL MEETING OF THE BOARD OF DIRECTORS**  
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<p><b>2. Ready Set Swim and Ready Set Swim Jr.</b></p>	<p>Alejandro Espinoza, Program Officer and Outreach Director, described meetings with Desert Recreation District; however, there are challenges such as logistics and the lack of indoor pool facilities. Initial discussions have begun for exploring vouchers to other city pool facilities next summer. The District will apply for First 5 Riverside funds to continue the Ready Set Swim Jr. program.</p>	
<p><b>3. Homelessness Initiative Update</b></p>	<p>Chris Christensen, Interim CEO, described the homelessness initiative with the potential for all nine cities to participate, and status updates in the near future.</p>	
<p><b>a. Tenet Letter of Support – CVAG Homelessness Funding Request \$10M – Informational Only</b></p>	<p>Chris Christensen, Interim CEO, described the role of the Coachella Valley Association of Governments’ (CVAG) homelessness collaborative. Greg Rodriguez, Government Affairs and Public Policy Advisor, Supervisor V. Manuel Perez, explained that the county is moving forward with the diversion training and conversations with consultant Barbara Poppe over the service delivery at Path of Life. Mr. Rodriguez explained that meetings are ongoing with the city of Palm Springs to find and operate a</p>	



**DESERT HEALTHCARE FOUNDATION**  
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<p><b>4. Behavioral Health Initiative – Update</b></p> <p><b>a. Behavioral Health Ad Hoc Committee/EVALCORP Research &amp; Consulting Update</b></p>	<p>24-hour summer cooling center. The city mailed a demand letter to the county to meet the needs of the homeless in the Coachella Valley, and future meetings to address some discrepancies. Mr. Rodriguez briefly provided an update on asylum seekers and shelter beds, explaining the closure of Health to Hope.</p> <p>The Board directed staff to continue to work with Mr. Rodriguez, the county, and the city of Palm Springs.</p> <p>Linda Barrack, Executive Director, Martha’s Village and Kitchen provided an update on the asylum seekers describing the lack of food and water experienced by children and adults.</p> <p>Chris Christensen, Interim CEO, acknowledged Tenet’s letter of support for the CVAG homelessness funding request of \$10M from the state.</p> <p>Chris Christensen, Interim CEO, described EVALCORP Research &amp; Consulting’s progress with the scope of work and completion of the needs assessment by September.</p>	
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**DESERT HEALTHCARE FOUNDATION  
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<p><b>5. The California Endowment (TCE) – Public Policy and Research/Academic Partnership Grant</b></p> <p><b>a. Eastern Coachella Valley Listening Forums</b></p>         <p><b>6. Expansion Grant Funding - \$300,000</b></p>	<p>Meghan Kane, Community Health Analyst, provided an overview of the six (6) listening forums throughout the valley with primary care and behavioral health as the focus of community needs. Mrs. Kane explained that staff is exploring the next steps.</p>         <p>Chris Christensen, Interim CEO, described the \$300,000 budgeted annual allocation, proposing to book any balance of the \$300k as a liability.</p>	
<p><b>H. New Business</b></p> <p><b>1. Program Committee</b></p>   <p><b>a. Consideration to approve Grant #993 – Galilee Center – Emergency Services - \$75,000</b></p>	<p>Donna Craig, Senior Program Officer, described the grant request to the Galilee Center for emergency services.</p>         <p>Director Rogers requested to double the grant amount for emergency services; however, the request should be agendaized with the Program Committee, including doubling the funding of other service providers assisting with homelessness.</p>	<p><b>#18-07 MOTION WAS MADE by Director Shorr and seconded by Director Rogers to approve Grant #993 – Galilee Center – Emergency Services - \$75,000. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr. Motion passed unanimously. NOES – 0 ABSENT – 0 ABSTAIN – 0</b></p>
<p><b>I. Directors' Comments &amp; Reports</b></p>	<p>President Zendle introduced and welcomed newly appointed Director Arthur Shorr to the Board.</p>	
<p><b>J. Adjournment</b></p>	<p>President Zendle adjourned the meeting at 8:25 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agenda-Board-of-Directors">http://dhcd.org/Agenda-Board-of-Directors</a></b></p>





**DESERT HEALTHCARE FOUNDATION  
SPECIAL MEETING OF THE BOARD OF DIRECTORS  
MEETING MINUTES  
May 28, 2019**

ATTEST: \_\_\_\_\_  
Leticia De Lara, Vice-President/Secretary  
Desert Healthcare District Board of Directors

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



**DESERT HEALTHCARE FOUNDATION  
SPECIAL MEETING OF THE BOARD OF DIRECTORS  
MEETING MINUTES  
June 4, 2019**

Directors Present	District Staff Present	Absent
President Les Zendle, MD Vice-President/Secretary Leticia De Lara Treasurer Mark Matthews Director Carole Rogers, RN – <i>Video Conference</i> Director Evett PerezGil - <i>Telephonic</i> Director Karen Borja Director Arthur Shorr - <i>Video Conference</i>	Chris Christensen, CFO, Interim CEO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President called the meeting to order at 12:20 p.m.  The Clerk of the Board called the roll with all Directors present.	
<b>B. Pledge of Allegiance</b> <b>C. Approval of Agenda</b>	President Zendle asked for a motion to approve the agenda.	<b>#18-11 MOTION WAS MADE by President Zendle and seconded by Director Matthews to approve the agenda. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr Motion passed unanimously. NOES – 0 ABSENT – 0 ABSTAIN – 0</b>
<b>D. Public Comment</b>	No public comment.	
<b>E. Desert Healthcare Foundation CEO Report</b>	None	
<b>F. Old Business</b> 1. <b>Homelessness Initiative</b> a. <b>Consideration to approve</b>	President Zendle explained the various meetings with the county and city of Palm Springs concerning crisis beds for the summer months	



**DESERT HEALTHCARE FOUNDATION  
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<p><b>establishing a special fund in the Desert Healthcare Foundation to accept donations for crisis beds in the western Coachella Valley</b></p>	<p>in the western Coachella Valley, the Foundation’s role in establishing a special fund for crisis beds and collecting monies from the community and others to make tax-deductible contributions. The Foundation would not operate the crisis beds but distribute the monies and function as a fiscal intermediary, using the monies to collect contributions and release the funds at the recommendations of the county and the city.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Supervisor V. Manuel Perez’s office, explained that the county is identifying locations for an emergency cooling center, and drafting an RFP with the Coachella Valley Association of Governments (CVAG) for motel and hotel vouchers while using the Housing First model to tie individuals to services. Mr. Rodriguez also explained that the county will be utilizing the Homeless Emergency Aid Program (HEAP) grant funding from the 25 Familiar Faces and that the crisis beds for the summer months are termed Operation 100 Degrees.</p>	
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**DESERT HEALTHCARE FOUNDATION  
SPECIAL MEETING OF THE BOARD OF DIRECTORS  
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June 4, 2019**

	<p>Vice President De Lara inquired on administrative costs for the fund. Chris Christensen, Interim CEO, explained that the District could use PayPal, which has a fee of 2.2% of the amount collected for the transactions that are tax-deductible, and a separate bank account would be established for the fund.</p> <p>Director Rogers suggests directing staff to use the remaining funds in the Homeless Initiative amounting to \$72k as matching funds.</p> <p>Director Borja inquired if the funds are earmarked to the east as well for crisis beds describing the need in the eastern Coachella Valley. President Zendle explained that the crisis beds located in the west would support the west due to those in the west currently seeking shelter in the east.</p> <p>Vice-President De Lara made a motion to move forward to create an account for the purpose of establishing crisis beds in the west during the summer months.</p>	<p><b>#18-12 MOTION WAS MADE by Vice-President De Lara and seconded by Director Matthews to approve establishing a special fund in the Desert Healthcare Foundation to accept donations for crisis beds in the western Coachella Valley. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr Motion passed unanimously. NOES – 0</b></p>
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**DESERT HEALTHCARE FOUNDATION  
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	<p>Director Rogers made a motion to direct staff to prepare a proposal to contribute the remaining \$72k from the Homelessness Initiative matching funds toward the West Valley crisis beds.</p>	<p><b>ABSENT – 0</b> <b>ABSTAIN – 0</b></p> <p><b>#18-13 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to direct staff to prepare a proposal to contribute the remaining \$72k from the Homelessness Initiative toward the West Valley crisis beds.</b> <b>Motion passed unanimously.</b> <b>AYES – 3 Director Rogers, Director PerezGil, and Director Shorr</b> <b>Motion passed unanimously.</b> <b>NOES – 4 President Zendle, Vice-President De Lara, Director Matthews, and Director Borja</b> <b>ABSENT – 0</b> <b>ABSTAIN – 0</b></p>
<b>G. Directors', Comments, Reports, Informational Items, &amp; Staff Direction and Guidance</b>		
<b>H. Adjournment</b>	<p>President Zendle adjourned the meeting at 12:30 p.m.</p>	<p><b>Audio recording available on the website at <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
 Leticia De Lara, Vice-President/Secretary  
 Desert Healthcare District Board of Directors

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

<b>DESERT HEALTHCARE FOUNDATION</b>					
<b>MAY 2019 FINANCIAL STATEMENTS</b>					
<b>INDEX</b>					
Statement of Operations					
Balance sheet					
Allocation of Restricted Funds					
Deposit Detail					
Check Register					
Credit Card Expenditures					
Schedule of Grants					

**Desert Healthcare Foundation**  
**Profit & Loss Budget vs. Actual**  
 July 2018 through May 2019

	MONTH			TOTAL		
	May 19	Budget	\$ Over Budget	Jul '18 - May 19	Budget	\$ Over Budget
<b>Income</b>						
4000 · Gifts and Contributions	-	-	-	19,247	105,000	(85,753)
4003 · Grants	-	-	-	136,000	250,000	(114,000)
4007 · Grant Income - RSS Jr	-	-	-	63,192	-	63,192
4116 · Bequests - Frederick Lowe	12,268	7,083	5,185	66,995	77,913	(10,918)
4130 · Misc. Income	-	83	(83)	-	913	(913)
8015 · Investment Interest Income	17,298	5,417	11,881	100,969	59,587	41,382
8040 · Restr. Unrealized Gain/(Loss)	(61,727)	833	(62,560)	234,664	9,163	225,501
<b>Total Income</b>	<b>(32,161)</b>	<b>13,416</b>	<b>(45,577)</b>	<b>621,067</b>	<b>502,576</b>	<b>118,491</b>
<b>Expense</b>						
5001 · Accounting Services Expense	647	628	19	7,117	6,908	209
5035 · Dues & Memberships Expense	5,067	83	4,984	5,091	913	4,178
5057 · Investment Fees Expense	2,433	1,100	1,333	31,948	19,600	12,348
5065 · Legal Costs Ongoing Expense	-	83	(83)	-	913	(913)
5100 · Office Supplies Expense	-	-	-	136	-	136
5101 · DHCD-Exp Alloc Wages& benefits	17,668	17,668	-	194,348	194,348	-
5106 · Marketing & Communications	678	4,167	(3,489)	3,672	45,837	(42,165)
5110 · Other Expenses	41	125	(84)	3,028	1,375	1,653
5115 · Postage & Shipping Expense	-	8	(8)	-	88	(88)
5120 · Professional Fees Expense	-	-	-	-	750	(750)
5210 · RSS Jr - Overhead Allocation	(1,289)	-	(1,289)	(18,647)	-	(18,647)
8051 · Major grant expense	-	18,250	(18,250)	1,465	200,750	(199,285)
8052 · Grant Expense - Collective/Mini	75,000	26,667	48,333	211,000	293,337	(82,337)
8053 · Grant Expense - RSS Jr	-	-	-	63,192	-	63,192
<b>Total Expense Before Social Services Fund</b>	<b>100,244</b>	<b>68,779</b>	<b>31,465</b>	<b>502,348</b>	<b>764,819</b>	<b>(262,471)</b>
5054 · Social Services Fund	-	2,083	(2,083)	36,000	22,913	13,087
<b>Net Income</b>	<b>(132,405)</b>	<b>(57,446)</b>	<b>(74,959)</b>	<b>82,720</b>	<b>(285,156)</b>	<b>367,876</b>



**Desert Healthcare Foundation**  
**Balance Sheet**  
As of May 31, 2019

		May 31, 19
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Checking/Savings</b>		
<b>100 · CASH</b>		
	146 · Checking - Pacific Premier 6718	951,509
	149 · Money Market - Pacific Premier	1,941
	150 · Petty Cash	200
	<b>Total Checking/Savings</b>	<b>953,651</b>
<b>Other Current Assets</b>		
<b>476-486 · INVESTMENTS</b>		
<b>477 · Morgan Stanley-Investments</b>		
	477.2 · Unrealized Gain/(Loss)	63,011
	477 · Morgan Stanley-Investments - Other	3,873,939
	<b>Total 477 · Morgan Stanley-Investments</b>	<b>3,936,950</b>
<b>486 · Merrill Lynch</b>		
	486.1 · Merrill Lynch Unrealized Gain	266,407
	486 · Merrill Lynch - Other	1,639,696
	<b>Total 486 · Merrill Lynch</b>	<b>1,906,103</b>
	<b>Total 476-486 · INVESTMENTS</b>	<b>5,843,053</b>
<b>500 · CONTRIBUTIONS -RCVB -CRTS</b>		
	515 · Contrib RCVB-Pressler CRT	66,389
	530 · Contrib RCVB-Guerts CRT	122,540
	<b>Total 500 · CONTRIBUTIONS -RCVB -CRTS</b>	<b>188,929</b>
	601 · Prepaid Payables	1,147
	<b>Total Other Current Assets</b>	<b>6,033,129</b>
	<b>Total Current Assets</b>	<b>6,986,779</b>
<b>Other Assets</b>		
<b>460 · Investments - Point Center Fin</b>		
	461 · Reserve - Point Center - Loan	(25,015)
	460 · Investments - Point Center Fin - Other	25,015
	<b>Total Other Assets</b>	<b>-</b>
<b>TOTAL ASSETS</b>		<b>6,986,779</b>



**Desert Healthcare Foundation**  
**Balance Sheet**  
As of May 31, 2019

		May 31, 19
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		
	<b>Accounts Payable</b>	77,419
	<b>Other Current Liabilities</b>	
	<b>2190 · Current - Grants payable</b>	3,347,419
	<b>Total Current Liabilities</b>	3,424,838
<b>Long Term Liabilities</b>		
	<b>2186 · Grants payable</b>	1,200,000
	<b>Total Liabilities</b>	4,624,838
<b>Equity</b>		
	<b>3900 · Retained Earnings</b>	2,279,221
	<b>Net Income</b>	82,720
	<b>Total Equity</b>	2,361,942
<b>TOTAL LIABILITIES &amp; EQUITY</b>		<b>6,986,779</b>

DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 5/31/19					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
<b>ASSETS</b>					
	146 · Checking Pacific Premier 6718	951,509	89,892	861,617	
	149 · Money Market Pacific Premier Bank	1,941	1,941		
	150 · Petty Cash	200	200		
	<b>Total 100 · CASH - UNRESTRICTED</b>	<b>953,651</b>	<b>92,034</b>	<b>861,617</b>	<b>-</b>
	477 · Invt-Morgan Stanley				
	477.2 · Unrealized Gain	63,011	63,011		
	477 · Invt-Morgan Stanley	3,873,939	188,137	3,685,802	
	<b>Total 477 · Invt-Morgan Stanley</b>	<b>3,936,950</b>	<b>251,148</b>	<b>3,685,802</b>	
6441	486.1 · Merrill Lynch Unrealized Gain	266,407	266,407		
	486 · Merrill Lynch	1,639,696	1,639,696		
	<b>Total 486 · Merrill Lynch</b>	<b>1,906,103</b>	<b>1,906,103</b>	<b>-</b>	
	515 · Contrib RCVB-Pressler CRT	66,389			66,389
	530 · Contrib RCVB-Guerts CRT	122,540			122,540
	601 - Prepaid payables	1,147	1,147		
	<b>Total Current Assets</b>	<b>6,986,779</b>	<b>2,250,431</b>	<b>4,547,419</b>	<b>188,929</b>
	<b>TOTAL ASSETS</b>	<b>6,986,779</b>	<b>2,250,431</b>	<b>4,547,419</b>	<b>188,929</b>
<b>LIABILITIES &amp; EQUITY</b>					
<b>Liabilities</b>					
Current Liabilities					
Accounts Payable					
	1000 · Accounts Payable	47	47		
	1052 - Account Payable - DHCD - Alloc Expenses	77,373	77,373		
	2180 - Accrued Accounts Payable	-	-		
	2190 - Grants Payable - Current Portion	3,347,419		3,347,419	
	<b>Total Current Liabilities</b>	<b>3,424,838</b>	<b>77,419</b>	<b>3,347,419</b>	<b>-</b>
	2186 - Grant Payable - Long Term	1,200,000		1,200,000	
	<b>Total Liabilities</b>	<b>4,624,838</b>	<b>77,419</b>	<b>4,547,419</b>	<b>-</b>
<b>Equity</b>					
	3900 · Retained Earnings	2,279,221	2,090,292		188,929
	Net Income	82,720	82,720		
	<b>Total Equity</b>	<b>2,361,942</b>	<b>2,173,013</b>	<b>-</b>	<b>188,929</b>
	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>6,986,779</b>	<b>2,250,432</b>	<b>4,547,419</b>	<b>188,929</b>

**Desert Healthcare Foundation**  
**Deposit Detail**  
 May 2019

Type	Date	Name	Amount
<b>Deposit</b>	<b>05/31/2019</b>		<b>12,268</b>
		American Society of Composers	(12,268)
<b>TOTAL</b>			<b>(12,268)</b>
		<b>Total Deposits</b>	<b>12,268</b>

**Desert Healthcare Foundation**  
**Check Register**  
As of May 31, 2019

Type	Date	Num	Name	Amount
<b>100 - CASH</b>				
<b>146 - Checking - Pacific Premier 6718</b>				
Bill Pmt -Check	05/07/2019	11001	Cardmember Services	(100)
Bill Pmt -Check	05/07/2019	11002	Desert Recreation District	(27,951)
Bill Pmt -Check	05/07/2019	11003	Meghan Kane-	(206)
Bill Pmt -Check	05/14/2019	11004	Alejandro Espinoza	(149)
Bill Pmt -Check	05/14/2019	11005	Southern California Grantmakers	(5,067)
Bill Pmt -Check	05/20/2019	11006	Cardmember Services	(719)
Bill Pmt -Check	05/28/2019	11007	Alejandro Espinoza	(57)
Bill Pmt -Check	05/28/2019	11008	Vanessa Smith	(288)
<b>TOTAL</b>				<b>(34,537)</b>

Desert Healthcare Foundation						
Details for credit card Expenditures						
Credit card purchases - Apr 2019 - Paid May 2019						
Number of credit cards held by Foundation personnel - 2						
Credit Card Limit - \$5,000						
Credit Card Holders:						
Chief Executive Officer						
Chris Christensen - Chief Financial Officer						
Routine types of charges:						
Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.						
Statement						
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	
		\$ 719.24				
Chris' Statement:						
2019	Apr	\$ 719.24	Foundation			
			5106	\$ 70.00	Constant Contact subscription	
			5106	\$ 10.00	Desert Sun subscription - marketing (April)	
			5106	\$ 588.00	Constant Contact annual subscription	
			5106	\$ 10.00	Desert Sun subscription - marketing (May)	
			5110	\$ 35.00	Late Fee	
			5110	\$ 6.24	Interest Charge	
				<b>\$ 719.24</b>		



Desert Healthcare Foundation					
Details for credit card Expenditures					
Credit card purchases - Mar 2019 - Paid Apr 2019					
Number of credit cards held by Foundation personnel - 2					
Credit Card Limit - \$5,000					
Credit Card Holders:					
Chief Executive Officer					
Chris Christensen - Chief Financial Officer					
Routine types of charges:					
Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.					
<b>Statement</b>					
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose
		\$ 100.00			
<b>Chris' Statement:</b>					
	2019 Mar	\$ 100.00	Foundation		
			5106	\$ 10.00	Desert Sun subscription - marketing
			5106	\$ 45.00	Constant Contact annual subscription
			5106	\$ 45.00	Constant Contact annual subscription
			Paid May 7, 2019	<b>\$ 100.00</b>	

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
May 31, 2019							
TWELVE MONTHS ENDED JUNE 30, 2019							
A/C 2190 and A/C 2186-Long term			6/30/2018	New Grants	Total Paid	5/31/2019	
Grant ID Nos.	Name		Open	Current Yr	July-June	Open	
			BALANCE	2018-2019		BALANCE	
	Mayor's Check recorded - \$100K HP		\$ 46,106		\$ (29,555)	\$ 75,661	100 HP-cvHIP
	Mayor's Check recorded - \$100K HP		\$ 100,000		\$ -	\$ 100,000	100 HP - cvHIP
BOD - 7/25/17 (#937)	*West Valley Homelessness Initiative - Matching Grant		\$ 1,382,000		\$ 253,288	\$ 1,128,712	Homelessness
BOD - 9/26/17- RSS	RSS Funds-From Investment Funds for additional 4th year		\$ 53,904		\$ 94	\$ 53,810	RSS
TCE Grant 01/31/18	Cal Endowment - Community & Health Policy Analysts 12/1/17- 11/30/18		\$ 189,375		\$ 117,772	\$ 71,602	TCE
BOD - 04/24/18	Behavioral Health Initiative Collective Fund		\$ 2,000,000			\$ 2,000,000	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services		\$ 1,000,000			\$ 1,000,000	
BOD - 10/23/18 BOD	RSS Grant from Desert Healthcare District			\$ 136,000	\$ 93,366	\$ 42,634	
BOD - 5/28/19 BOD (#993)	Galilee Center - Emergency Services			\$ 75,000	\$ -	\$ 75,000	
<b>TOTAL GRANTS</b>			<b>\$ 4,771,385</b>	<b>\$ 211,000</b>	<b>\$ 434,966</b>	<b>\$ 4,547,419</b>	
<b>Summary: As of 5/31/19</b>			\$ 217,292		A/C 2190	\$ 3,347,419	
Health Portal (CVHIP):	\$ 175,661		\$ 200,000		A/C 2186	\$ 1,200,000	
Swim	\$ 53,810		\$ 417,292		Total	\$ 4,547,419	
Swim (funded by DHCD 10.25.18)	\$ 42,634		\$ 4,354,093		Diff	\$ -	
West Valley Homelessness Initiative	\$ 1,128,712						
Cal Endowment-Analysts	\$ 71,602						
Behavioral Health Initiative Collective Fund	\$ 2,000,000						
Avery Trust - Pulmonary Services	\$ 1,000,000						
<b>Total</b>	<b>\$ 4,472,419</b>						
<i>* West Valley Homelessness Initiative - COMMITTED FUNDS \$1,927,863 (BALANCE \$72,137)</i>							
<b>Amts available/remaining for Grant/Programs - FY 2018-19:</b>			<b>FY17 Grant Budget</b>				
<b>Amount budgeted 2018-2019</b>		\$ 539,000		\$ 219,000			
<b>Amount granted year to date</b>		\$ (211,000)		\$ 320,000			
Mini Grants:							
Net adj - Grants not used:							
<b>Balance available for Grants/Programs</b>		<b>\$ 328,000</b>					



**DESERT HEALTHCARE FOUNDATION**  
**FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**June 11, 2019**

Directors Present	District Staff Present	Absent
Chair/Treasurer Mark Matthews Vice-President Leticia De Lara Director Arthur Shorr	Chris Christensen, Interim CEO & CFO Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair Matthews called the meeting to order at 4:47 p.m.	
<b>II. Approval of Agenda</b>	Chair Matthews asked for a motion to approve the agenda.	<b>It was moved and seconded (Director Shorr, Vice-President De Lara) to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	No public comment.	
<b>IV. Approval of Minutes</b>  <b>1. Minutes – Meeting May 14, 2019</b>	Chair Matthews asked for a motion to approve the minutes of the May 14, 2019 F&A Committee meeting.	<b>It was moved and seconded (Director Shorr, Vice-President De Lara) to approve the agenda. Motion passed unanimously.</b>
<b>V. CEO Report</b>	No report was provided.	
<b>VI. Financial Reports</b> <b>1. Financial Statements</b> <b>2. Deposits</b> <b>3. Check Register</b> <b>4. Credit Card Expenditures</b> <b>5. General Grants Schedule</b>	Chris Christensen, Interim CEO, reviewed and explained the financials with the committee.	<b>It was moved and seconded (Vice-President De Lara, Director Shorr) to approve the May 2019 Foundation Financial Reports – items 1-5 and forward to the Board for approval. Motion passed unanimously.</b>
<b>VII. Other Matters</b>	None	
<b>VIII. Adjournment</b>	Chair Matthews adjourned the meeting at 4:52 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Mark Matthews, Chair/ Treasurer Finance & Administration Committee  
 Desert Healthcare Foundation Board of Directors

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





**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 11, 2019**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
Chair, Carole Rogers, RN – <i>Video Conference</i> Vice-President Leticia De Lara Nicolas Behrman, Community Member Luciano Crespo, Community Member Thomas Smith, Community Member	Chris Christensen, Interim CEO, CFO Donna Craig, Senior Program Officer Alejandro Espinoza, Meghan Kane, Community Health Analyst Andrea S. Hayles, Clerk of the Board	Thomas Thetford, Community Member

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 2:01 p.m. by Vice-President De Lara.	
<b>II. Approval of Agenda</b>	Vice-President De Lara asked for a motion to approve the agenda.	<b>Moved and seconded by Thomas Smith (Community Member) and Nicolas Behrman (Community Member) to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	None	
<b>IV. New Business</b>  <b>1. The California Endowment (TCE) – Public Policy and Research/Academic Partnership Grant</b> <b>a. Eastern Coachella Valley Listening Forums</b>  <b>2. Expanded Area Grant Funding - \$300,000</b>	Vice-President De Lara explained that information concerning the Eastern Coachella Valley Listening Forums is included in the packet for review.  Chris Christensen, Interim CEO, explained that at the most recent board meeting regarding asylum seekers and homeless organizations needs for additional funding, and remaining within the guidelines of AB 2019, staff has communicated with Coachella	



**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 11, 2019**

<p><b>3. Consideration to accept grant funds (DHCF #1006) from the Desert Healthcare District for the Homelessness Initiative Collective Fund - \$1,000,000</b></p>	<p>Valley Rescue Mission (CVRM), Martha’s Village and Kitchen, and the Galilee Center to determine the impact on the capacity. The Galilee Center has been impacted by asylum seekers at 36% additional funding (\$400k) to house, feed, and transport.</p> <p>Mr. Christensen described the remaining \$225k would be committed to those agencies that request additional grant funding.</p> <p>Vice-President De Lara explained that the state reached out to Martha’s Village, including Congressman Ruiz who is also researching funding – recommending that staff inquire if there is other funding they anticipate.</p> <p>Vice-President De Lara explained the Homelessness Initiative Collective Fund as described in the District meeting – accepting the grant funding from the District.</p>	<p><b>Moved and seconded by Nicolas Behrman (Community Member), Director Rogers to approve the grant funds from the Desert Healthcare District for the Homelessness Initiative Collective Fund - \$1,000,000 and forward to the board for approval Motion passed unanimously.</b></p>
<p><b>V. Adjournment</b></p>	<p>Chair Rogers adjourned the meeting at 2:08 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
 Carole Rogers, RN, Chair/Director  
 Program Committee

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



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: June 25, 2019  
To: Board of Directors  
Subject: Eastern Coachella Valley Community Listening Forums Update

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**Recommendation:**

Staff will host two additional community forums, in the newly annexed area of the District, to follow up with residents who attended the initial listening forums and any other interested residents to share what was learned and how resident feedback will be used. (Information only)

**Background:**

- From late February to mid-April, staff hosted six community listening forums across the newly expanded District boundaries to understand the needs and priorities of the newly annexed area.
- Across all the forums, staff reached 75 community residents with primary care and behavioral health access coming out as priority number one and a high need for resource awareness across all community health focus areas.
- At the May 28, 2019, Board of Directors meeting, staff presented the results from the listening forums highlighting key takeaways.

**Next Steps:**

- Staff will host two additional forums to provide feedback to the community including: why listening forums were hosted in the newly annexed District boundaries, what was learned across all six listening forums, and share current District efforts toward targeting some identified priorities.
- Staff plans to host the additional forums in July and August.
- The forums will be in the eastern Coachella Valley in the locations of Indio and Mecca or surrounding areas.

**Fiscal Impact:**

None.



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: June 25, 2019  
To: Board of Directors  
Subject: Consideration to Accept Grant Fund from DHCD for Homelessness Initiative Collective Fund - \$1,000,000

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**Program Committee Recommendation:**

Consideration to Accept Grant Fund from DHCD for Homelessness Initiative Collective Fund - \$1,000,000

**Background:**

- In 2017, the District created a \$2,000,000 Homelessness Initiative Collective Fund under the Foundation.
- The fund has been utilized mostly to provide matching Coachella Valley City funds through CVAG for CV Housing First.
- In November 2019, the Board approved \$700,000 – seven cities (the majority of the remaining balance of the original \$2M) were approved by the Foundation Board to match a second round of matching city funds. \$72k remains.
- Potentially, nine cities will contribute to CVAG. This would leave the fund short by \$200,000.
- The Foundation would consider matching the two additional cities and possibly providing its own match of an additional \$100,000 to CVAG.
- Additionally, with the Homelessness Initiative Collective Fund being depleted, replenishing the fund will allow the Foundation Board to assist with the homelessness issue as directed.
- Staff recommends accepting the \$1,000,000 from the Desert Healthcare District

**Fiscal Impact:**

Increase the Homelessness Collective Fund by \$1,000,000



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: June 25, 2019  
To: Board of Directors  
Subject: CVHIP – Information Portal Update

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**Staff Recommendation:** Informational item only

**Background:** The CVHIP marketing and outreach plan has entered its initial phase. During the months of April, May and June 2019 staff met and onboarded with the following organizations and/or participated in community presentations regarding CVHIP.

Onboarded organizations:

- 4/16/19: Volunteers In Medicine: Case Managers
- 4/23/19: FIND Food Bank: Administrative
- 4/29/19: The LGBT Center of Palm Springs: Case Managers
- 5/01/19: Riverside University Health System (RUHS) Behavioral Health: Case Managers
- 5/09/19: Health to Hope: Administrative
- 5/15/19: Clinicas de Salud del Pueblo: Coachella Clinic
- 5/23/19: Borrego Health: Administrative
- 5/24/19: Coachella Valley Housing Coalition: Administrative
- 5/31/19: FIND Food Bank: Case Managers
- 6/3/19: SafeHouse of the Desert
- 6/10/19: Clinicas de Salud del Pueblo: Outreach staff
- 6/13/19: Desert Aids Project: Community Health staff
- 6/17/19: The LGBT Center of Palm Springs: Administrative
- 6/17/19: Galilee Center: Outreach Staff

Presentations:

- 5/01/19: RUHS Behavioral Health: Transitional Age Youth Collaborative
- 5/08/19: Inland Empire Disabilities Collaborative
- 5/15/19: Clinicas de Salud del Pueblo: Coachella Clinic Staff meeting
- 5/22/19: Coachella Valley Resource Collaborative meeting
- 6/19/18: One Future Coachella Valley Conference

Staff has also worked on the rebranding of CVHIP with the creation of collateral items such as brochures, pamphlets, and promotional items, which will be used in future community events to continue the promotion of CVHIP.

Lastly, CVHIP has continued to be promoted via marketing tools like social media posts, and the DHCD newsletter.

**Fiscal Impact:** None.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: June 25, 2019  
To: Board of Directors  
Subject: Ready Set Swim and Ready Set Swim Jr. programs Update

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**Staff Recommendation:**

Informational item only.

**Background:**

- The Ready Set Swim (RSS) program, since its inception in the 2014/2015 school year, has established itself as a model, award-winning program that combines physical activity and nutrition education. The program has taught well over 3,000 Palm Springs Unified School District third-grade students how to swim and interactive nutrition education classes.
  - During the 2018-2019 school year, the Ready Set Swim program graduated **672** third-grade students from 14 schools within the Palm Springs Unified School District.
  - The Desert Recreation District is finalizing the proposal and budget for the expansion of the program to the Coachella Valley Unified School District and Desert Sands Unified School District schools. The Boys and Girls Club of Palm Springs is also finalizing the program budget.
  - **The overall program budget will be presented to the Program Committee at the July 2019 meeting for approval.**
- The Ready Set Swim Jr. program was developed in 2017 leveraging the partnerships established by the original Ready Set Swim program and funding from First 5 Riverside. The RSS Jr. program provided free swimming lessons to children ages 18 months to 5 years old and water safety workshops for parents/caretakers. The reach of the RSS Jr. program extended into the cities of Desert Hot Springs, Palm Springs, Cathedral City, La Quinta, Indio, Coachella, Thermal, Oasis and Mecca.
  - **Conversations are ongoing and currently awaiting a Request for Proposal (RFP) from First 5 Riverside, which has not been released.**

**Fiscal Impact:**

None currently.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: June 25, 2019

To: Board of Directors

Subject: First Amendment to Memorandum of Understanding (MOU) with Coachella Valley Association of Governments (CVAG) for FY 2018/2019 matching funds program

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**Recommendation:** Consideration to approve the First Amendment & Exhibit A to the MOU between the Desert Healthcare Foundation (DHCF) and Coachella Valley Association of Governments (CVAG) for CV Housing First matching funds.

**Background:**

- In September 2017, CVAG and the Desert Healthcare Foundation entered into a Memorandum of Understanding through which the Foundation would provide a dollar-for-dollar match for each CVAG member agency, excluding Riverside County, making a full annual contribution to CV Housing First for FY17/18.
- In December 2018, the Desert Healthcare District and Foundation renewed its commitment to provide a dollar-for-dollar match for each CVAG member agency, excluding Riverside County, making a full \$100,000 contribution to CV Housing First for FY18/19, up to \$700,000. To-date, CV Housing First funds have primarily been used for services provided under contract with Path of Life Ministries, with performance measured via outcomes reported by Path of Life. Since the original MOU went into effect, the contract with Path of Life Ministries has been amended to expand the scope of the program to the entire Coachella Valley and update the program name from ‘West Valley Housing Navigation Program’ to ‘CV Housing First,’ add street outreach teams, and shift the program emphasis from prevention to diversion.
- This First Amendment will align the MOU with the program as it currently stands, including reporting metrics for FY18/19. To reflect that CVAG is working closely with the District and the county to implement recommendations from the study conducted by Barbara Poppe, including establishing a regional collaborative, this First Amendment also introduces the opportunity to use funds for this purpose.

- The Amendment also includes the following language - In the event CVAG member agency contributions exceed \$700,000, the Foundation agrees to provide up to an additional \$200,000 in matching funds for eligible CVAG member contributors.
- This First Amendment to the MOU has been recommended by the CVAG Homelessness Committee to authorize a signature by the chairman at its meeting on June 19, 2019.
- Staff recommends approval of the First Amendment to the MOU with CVAG included in the packet.

**Fiscal Impact:**

Up to \$900,000 from the Homelessness Initiative Collective Fund

\*\*\*\*\*

**Supplemental Information for CV Housing First**

To date, seven cities have approved full contributions to CV Housing First for FY18/19, generating a total of \$1.4M including the District and Foundation match.

**CV Housing First Contributions FY 18/19 that are eligible for DHCD match:**

<b>Source</b>	<b>Amount</b>	<b>Status</b>
Coachella	\$100,000	confirmed
Cathedral City	\$100,000	confirmed
Desert Hot Springs	\$100,000	received
La Quinta	\$100,000	confirmed
Palm Desert	\$100,000	confirmed
Palm Springs	\$100,000	received
Rancho Mirage	\$100,000	received

**CV Housing First Contributions FY 18/19 NOT eligible for DHCD match:**

Agua Caliente Band of Cahuilla Indians	\$30,000	received
Riverside County DPSS	\$359,711	confirmed
Contributions subtotaled	\$1,089,711	
<u>Desert Healthcare District Match</u>	<u>\$ 700,000</u>	
<b>CV Housing First Fund FY 18/19</b>	<b>\$1,789,711</b>	

**MOU Finalization:** Minor changes/revisions could be made for clarification purposes by the DHCF Board of Directors and legal counsel and CVAG’s executive director and legal counsel prior to execution.



FIRST AMENDMENT TO MEMORANDUM OF UNDERSTANDING  
BETWEEN THE COACHELLA VALLEY ASSOCIATION OF  
GOVERNMENTS AND DESERT HEALTHCARE FOUNDATION

The Memorandum of Understanding (“MOU”) dated September 26, 2017, by and between the Coachella Valley Association of Governments (“CVAG”) and the Desert Healthcare Foundation (“Foundation”), a 501(c)(3) public benefit corporation, is hereby amended effective June, 25, 2019, as follows:

1. All references to the “West Valley Housing Navigation Program” in the MOU shall now be referred to as “CV Housing First.”

2. **Section 2. Foundation Contribution** shall be modified to read:

“The Foundation agrees to provide a \$100,000 matching amount for each CVAG member agency that contributes \$100,000 for Fiscal Year 2018/2019 to the CV Housing First Program, (excluding the County of Riverside), up to a total amount of \$700,000 which represent the remaining funds from the original West Valley Housing Navigation Program. The matching funds from the Foundation shall be used for the purposes of combating homelessness through the CV Housing First Program, including diversion, outreach, and crisis stabilization housing services in Coachella Valley and implementation of the recommendations set forth in the study commissioned by the Foundation and conducted by Barbara A. Poppe and Associates entitled: “The Path Forward: recommendations to advance the end of homelessness in the Coachella Valley.” In the event CVAG member agency contributions exceed \$700,000, the Foundation agrees to provide up to an additional \$200,000 in matching funds for eligible CVAG member contributors.

3. **Section 3. Deliverables** shall be replaced with the revised Exhibit “A” which is attached hereto and incorporated herein by reference and reflects adjustments to the scope of work and reporting outcomes made through amendments to the agreement between CVAG and Path of Life Ministries.

4. All other terms and conditions of the MOU shall remain in full force and effect.

**Desert Healthcare District/Foundation**

**Coachella Valley Association of Governments**

By: \_\_\_\_\_  
Les Zendle, Board President

By: \_\_\_\_\_  
Jeff Grubbe, Chair

## Exhibit A: Deliverables

CVAG contracts with Path of Life Ministries to provide services under the CV Housing First program. Goals and deliverables for FY18/19 include:

- Addition of CV Housing First Street Outreach Teams to respond to respond to calls of concern, identify individuals willing to exit homelessness, work with individuals to access resources available to them, including CES Home Connect supportive housing programs.
- Shift from prevention to diversion services, providing immediate Assisted Rapid Resolution services through the CV Housing First Resource Line and through the CV Housing First Street Outreach Teams using problem solving counseling to navigate through an individual's housing crisis and mediating with family, friends, or other supporting organizations or persons that will help the person immediately, rather than entering shelter.
- Prioritized services for unsheltered individuals, providing crisis stabilization housing for qualifying situations requiring intensive case management and services.
- Budget Progress Report including line item budget vs actual.

Rapid Resolution / Assisted Diversion	
Operate resource hotline to identify individuals in need, divert them from emergency shelter services, and connect them with the appropriate level of assistance.	Quarter 1: 240 referrals Quarter 2: 240 referrals Quarter 3: 240 referrals Quarter 4: 240 referrals <b>TOTAL: 960 referrals</b>
Provide outreach/homeless intervention to people on the street.	Quarter 1: 20 unique interventions Quarter 2: 20 unique interventions Quarter 3: 20 unique interventions Quarter 4: 20 unique interventions <b>TOTAL: 80 unique interventions</b>
Provide emergency rental assistance for those at risk of becoming homeless.	Quarter 1: 10 Diversions Via Rental Assistance Quarter 2: 10 Diversions Via Rental Assistance Quarter 3: 10 Diversions Via Rental Assistance Quarter 4: 10 Diversions Via Rental Assistance <b>TOTAL: 40 Diversions Via Rental Assistance</b>
Provide Rapid Rehousing to homeless individuals and families via CVAG Program.	Quarter 1: 6 unduplicated households Quarter 2: 3 unduplicated households (9 total) Quarter 3: 6 unduplicated households (9 total) Quarter 4: 3 unduplicated households (9 total) <b>TOTAL: 18 unduplicated households</b>
Provide Rapid Rehousing and Permanent Supportive housing to homeless individuals and families via Other leveraged programs.	Quarter 1: 30 unduplicated households Quarter 2: 6 unduplicated households (30 total) Quarter 3: 6 unduplicated households (30 total) Quarter 4: 6 unduplicated households (30 total) <b>TOTAL: 48 unduplicated households</b>
Provide behavioral health support to people in housing (CVAG and Other)	Quarter 1: 20 visits Quarter 2: 6 visits Quarter 3: 6 visits Quarter 4: 6 visits

	<b>TOTAL: 38 unduplicated visits</b>
Provide employment support to those in housing. (CVAG and Other)	Quarter 1: 20 unduplicated individuals Quarter 2: 6 unduplicated individuals Quarter 3: 6 unduplicated individuals Quarter 4: 6 unduplicated individuals <b>TOTAL: 38 unduplicated individuals</b>
Assist with referrals or resources	Quarter 1: 300 referrals or resources provided Quarter 2: 300 referrals or resources provided Quarter 3: 300 referrals or resources provided Quarter 4: 300 referrals or resources provided <b>TOTAL: 1200 referrals or resources provided</b>
<b>Crisis Stabilization Housing</b>	
Provide crisis stabilization housing	Quarter 1: 18 unique individuals Quarter 2: 24 unique individuals Quarter 3: 24 unique individuals Quarter 4: 24 unique individuals <b>TOTAL: 90 unique individuals</b>

DRAFT



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: June 25, 2019

To: Board of Directors

Subject: Summer Homeless Survival Fund Update

1. Consideration to Approve a dollar for dollar match NTE \$50,000 from the Foundation's Homelessness Initiative Collective Fund to the Summer Homeless Survival Fund.
2. Consideration to Authorize Staff to Distribute funds form the Summer Homeless Survival Fund as guided by CVAG and Greg Rodriguez

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**Staff Recommendation:** Consideration to approve NTE \$50,000 from the Homelessness Initiative Collective Fund as a match – dollar for dollar – into the Summer Homeless Survival Fund.

**Background:**

- At a special meeting on June 4, the Desert Healthcare District and Foundation Board unanimously approved establishing a fund through the Foundation to support a 24-hour cooling center, aka “crisis beds,” for homeless residents in the west valley. The fund would support the efforts of the Coachella Valley Association of Governments (CVAG), Riverside County and cities of Palm Springs, Cathedral City and Desert Hot Springs to provide a safe refuge from the summer heat.
- During meetings via conference call with Assemblymember Eduardo Garcia and representatives from multiple stakeholders, including CVAG, Riverside County and west valley cities, a plan of action began to take shape to provide an emergency overnight shelter in each of the three cities (Palm Springs, Cathedral City and Desert Hot Springs). The fund was named the Summer Homeless Survival Fund.
- On June 13, District and Foundation Board President Dr. Les Zendle; Palm Springs Mayor Pro Tem Geoff Kors; Riverside County Government Affairs and Public Policy Advisor Greg Rodriguez, and District staff Chris Christensen and Will Dean met with Desert Sun reporter Nicole Hayden to introduce and promote the fund. Later that day, a Desert Sun article was published online.
- The fund — a PayPal account set up through a new Foundation bank account — went live June 14. The public gains access to information about the fund and to donate through the District's website, <https://dhcd.org/homelessfund>.
- Also, on June 14, Dr. Zendle appeared on an iHub Radio program with Dan McGrath to promote the fund. Since then, project partners such as the county, city of Palm Springs and others have started to share the District's eblast and social media posts about the fund.
- Other promotional efforts include a brief presentation on the fund by Mayor Pro Tem Geoff Kors on June 19 at the Palm Springs City Council meeting and exploring additional news reports and/or advertising with The Desert Sun, as well as local TV and radio.
- The anticipated total cost to operate the cooling centers is around \$250,000 for the three summer months.

- In a letter to Governor Gavin Newsom, Supervisor Perez has requested \$100,000 in emergency support from the state to help offset the \$250,000 needed to operate the cooling centers.
- On June 19, the CVAG Homelessness Committee unanimously voted to authorize the executive director to negotiate and execute a contract with Coachella Valley Rescue Mission to provide staffing to operate the three potential summer cooling centers in the western Coachella Valley through October 1, 2019, in the amount not to exceed \$75,000.
- As of noon June 20, the Summer Homeless Survival Fund had \$6,135.99, with donations ranging from \$5 to \$2,500.
- Staff recommends the following:
  1. Approval of the NTE \$50,000 dollar for dollar match.
  2. Authorize staff to distribute funds from the Summer Homeless Survival Fund as guided by CVAG and Greg Rodriguez.

**Fiscal Impact:**

NTE \$50,000 from the \$72,137 remaining in the DHCF Homelessness Initiative Collective Fund.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: June 25, 2019  
To: Board of Directors  
Subject: Behavioral Health Initiative Update

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**Recommendation:**  
Information Only

**Background:**

- At the March 26, 2019 Board of Directors meeting, a proposal from EVALCORP Research and Consulting was approved to conduct a comprehensive community behavioral/mental health needs assessment.
- A Behavioral Health Ad Hoc Committee was established with Director Rogers, Director De Lara, and Director PerezGil serving as members. The committee and staff participate in update calls the first Monday of each month.

**Updates:**

- EVALCORP has completed all 15 key stakeholder interviews and produced a summary of findings report showing the mental and behavioral health needs of the Coachella Valley from a systems-level perspective.
- EVALCORP has provided a report summarizing the key findings from the 74 provider survey respondents.
- Currently, EVALCORP has completed a youth focus group with four more focus groups scheduled targeting Spanish-speaking parents, LGBTQ+, community health workers, and transitional-aged youth.
- EVALCORP is on track with the scope of work based on the receipt of completed deliverables. Please see attached for details.

**Attachments:**

- Key Stakeholder Interviews – Summary of Findings
- Provider Survey – Summary of Findings
- Services/Task completed April 1 - May 31, 2019

# 2019 DESERT HEALTHCARE DISTRICT MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

## KEY STAKEHOLDER INTERVIEWS SUMMARY OF FINDINGS

**Prepared for:**

Desert Healthcare District and Foundation



**Prepared by:**

EVALCORP Research & Consulting



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## Introduction

The Desert Healthcare District & Foundation is conducting a needs assessment (NA) to inform strategies to enhance mental and behavioral health service provision across the Coachella Valley. The Desert Healthcare District & Foundation partnered with EVALCORP Research & Consulting to collect and analyze qualitative and quantitative data, and share information gathered for the NA. This report summarizes findings from interviews conducted with a diverse group of key stakeholders.

### Methods

Key stakeholder interviews (KSIs) were conducted to gather information about the mental and behavioral health needs of Coachella Valley residents from a systems-level perspective. Interviewees were selected in collaboration with the Desert Healthcare District & Foundation Board of Directors and Staff. In total, 15 interviews were conducted. Participating interviewees represented the following:

1. Educators (e.g., K-12 administrators and teachers)
2. Providers (county agencies, community-based nonprofits, clinics, or community centers)
3. Medical Doctors
4. Workforce Development Specialists (e.g., recruitment for unfilled positions or staffing shortages, or to grow a workforce from high school into specific college or career pathways based on regional needs)

Interviewees provided information on: (1) mental and behavioral health priorities; (2) unmet mental and behavioral health needs; (3) gaps in access to and availability of service provision; (4) current efforts to address these priorities and challenges; and (5) recommendations and strategies for improving the mental and behavioral health of Coachella Valley residents.

Key stakeholders largely spoke from two perspectives: a systems-level focus on workforce and resource development or a focus on the individual, direct service needs of the communities and clients they serve. Interviewees often reflected on both of these perspectives and were not exclusive to their agency's purpose. Many of the interviewees had multiple roles. For example, teachers were not only educators, but often first responders in their schools when students experience mental/behavioral health crises. These two themes are highlighted throughout the report.

### Report Organization

Following an overview of key stakeholders interviewed and who they serve, this report summarizes key findings and recommendations from the KSIs, with results from analyses of the interviews organized into four broad categories:

- **Mental and Behavioral Health Priorities and Contributing Factors**
- **Access to Care**
- **Current Efforts and Strengths**
- **Recommendations**



Selected quotes from interviewees that are relevant to key themes are included throughout the report.

## Overview

Stakeholders were purposively sampled to represent a variety of sectors; populations served; and regions within the Coachella Valley. Stakeholders collectively provide coverage to all the regions of the Coachella Valley. Interviewees were asked to think about the current state of current mental and behavioral health service provision and 1) share their understanding of mental and behavioral health priorities in the Coachella Valley; 2) identify any unmet needs and gaps in service provision; and 3) provide feedback about how to best improve mental and behavioral healthcare in their communities.

### Services Provided

When asked which mental and behavioral services are provided by their affiliated agency, stakeholders described their services primarily as direct service provision or as workforce development. Examples of direct service provision include:

- Mental health clinics
- Outpatient therapy (individual, couples, family)
- Mental and behavioral health assessments
- Case management
- Telepsychiatry
- Bereavement support groups
- Senior Socialization Programs
- Outreach to homeless and human trafficking survivors
- Crisis texting line
- Mental health counselors in K-12 schools
- Substance abuse counselors at high schools in the Coachella Valley Unified School District
- School-based trauma groups
- Student Assistance Program (SAP)

Examples of workforce development include capacity building and professional development for existing providers, mental and behavioral health academies/pathways in high schools and residency programs at local clinics/hospitals.

As part of their service delivery, many stakeholders and their agencies work toward reducing stigma among clients, teachers, students, parents, and in the community overall.

### Communities Served

Stakeholders interviewed serve a wide array of community members from children (0-5) to older adults (65+). Some stakeholders also work with vulnerable populations including people experiencing homelessness, asylum seekers/undocumented immigrants, LGBTQ+, substance users, and survivors of abuse.

Those serving students work in largely Hispanic/Latino districts with large English Language Learner (ELL) populations where the majority of students are receiving free/reduced lunch and may be living in poverty or economic insecurity. Many educators are experienced working with vulnerable populations such as students who identify as LGBTQ+, live in the foster system, or are experiencing homelessness.

"...next year 90% of our students will be English Language Learners (ELL), living in poverty, foster [care], or homeless."

– K-12 Educator

## Mental and Behavioral Health Priorities

The mental and behavioral health priorities described by key stakeholders are listed below in the following two categories: Mental and Behavioral Health Conditions and System-Level Needs.

### Mental and Behavioral Health Conditions

- Depression (n=6)
- Anxiety (n=6)
- Suicide/self-harm behaviors (n=5)
- Isolation (n=3)
- Stress/stress management (n=3)
- Substance Abuse (n=2)
- General behavioral health (n=2)  
(i.e., ADHD)
- Trauma/abuse/neglect (n=2)

Interviewees also identified factors that contribute to poor mental and behavioral health including poverty, a lack of coping skills, poor nutrition, inadequate sleep and exercise, and the effects of chronic pain and declining health.

"...local students in college...the vast majority are describing that they are significantly stressed and experiencing anxiety and depression."

– Workforce Development

"...there is a tremendous issue with isolation and depression...this is particularly true of LGBT who are aging, they are aging without a generation behind them to care for them as they get older because many didn't have children, they have families of choice."

– Medical Doctor

"Of course, nutrition plays a major role in our mood... If we want to tackle something as big and important as mental health, we have to look at it from every angle."

– K-12 Educator

### System-Level Needs

- Access to care (n= 8)  
(i.e., psychiatry, follow-up, in-patient)
- Mental/behavioral health education in schools (n=2)
- LGBT and transitional age youth (TAY) specific services/resources (n=2)
- Mental/behavioral health education to primary care providers (n=1)
- Medication Assisted Treatment for substance abuse (n=1)

"We have to have conversations about mental health, stigma reduction, and suicide prevention..."

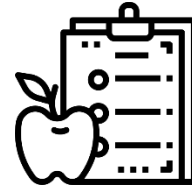
"We have recently opened a mental health urgent care in Palm Springs that also offers services for youth as low as 13 years of age, but there is still a gap for youth 12 and under..."

– Provider

## Contributing Factors

Stakeholders shared factors that they perceived to contribute to or exacerbate mental and behavioral health conditions or needs. More than half of all interviewees (9 out of 15) expressed concern about the economic situations of their students, clients, and their families, because it affects their mental and behavioral health and their ability to access care. They also indicated that access to care including awareness of available resources and how to access them, transportation, and insurance coverage is a factor (n=9).

One-third (5 out of 15) of all interviewees contributed mental and behavioral health conditions in part to poor overall health -- including high levels of stress, chronic health conditions, and/or poor nutrition habits.



"...the vast majority qualify for free/reduced lunch... food, housing, and financial insecurity... family instability, all of those things contribute..."  
– *Workforce Development*

Two interviewees shared that Hispanic/Latino cultural beliefs regarding mental health can create significant barriers to addressing concerns early. These cultural beliefs include a hesitance to share what are considered private concerns from a cultural perspective, a resistance or refusal to ask for help for these concerns, and potentially being labeled as 'crazy' as a result of seeking treatment. Bullying (n=2), social media (n=1), homelessness (n=1), and substance use (n=1) were also indicated as factors.

"...the parents are doing their best, but they're at the bottom of Maslow's hierarchy."  
– *Educator*

"If we could address poverty issues, a lot of mental health issues would also be resolved."  
– *Provider*

## Access to Care

Interviewees were asked to describe how accessible they felt mental and behavioral health care was in their communities. There are resources to address mental and behavioral health in the Coachella Valley, however, stakeholders illustrated that infrastructure to properly connect individuals to care is inadequate.

The top barriers to accessing care identified by interviewees are listed below.

- Transportation (n=7)
- Cost/Insurance Coverage (n=7)
- Accessibility (n=6)
  - Wait times, hours of operation, geographic location of services
- Stigma/Cultural beliefs about seeking care (n=5)
- Limited Numbers of Providers (n=5)
- Lack of Knowledge (n=3)
  - Where to go and how to access services
- Fear (n=1)

"They [services] are accessible, but you have to go searching for them."  
– Provider

"...we have populations out here, asylum seekers and populations that are undocumented...they need the services, but they don't want to access them out of fear."

– Provider

Transportation was mentioned as a top barrier to care. Without access to a vehicle, the size of the Coachella Valley, a limited number of providers, and poor public transit makes for long journeys to healthcare sites. The transportation barrier is fueled in part by two other barriers; namely, the limited number of providers and where services are located.



Cost of services or poor insurance coverage is also a barrier affecting families from the poorest households to middle income homes. Additional barriers include stigma or cultural beliefs regarding mental and behavioral health, especially from Hispanic/Latino parents or those in the Hispanic/Latino community.

Lack of knowledge of available services and how to access them is also a barrier for residents when seeking care for their mental and behavioral health. Additionally, interviewees stated that if access to resources and services were improved, then providers' capacity to serve community members would be further overwhelmed.

"There are services available, but the awareness that they're available is not high enough...if the awareness were higher, the shortage of mental health staff that we already have would be exacerbated."

– Educator

## Current Efforts and Strengths

Interviewees were asked about the efforts they are currently engaged in to address the mental and behavioral health concerns they identified across the Coachella Valley. Many of the interviewees are part of agencies that are working toward addressing a severe shortage of mental and behavioral health services in the region. Their efforts address two facets of the issue: workforce development and direct service provision, including fostering individual resiliency in youth.

Workforce development efforts focus on creating career pathways in high schools and on physician recruitment. In an effort to expand direct service provision, provider agencies are placing therapists in schools and other community sites, and offering services outside of traditional hours and settings.

Educators are working on building resiliency in their students, recognizing their immense need for support and services, by teaching them about emotional self-regulation, providing them with the necessary tools to cope with adverse experiences, and connecting them to available resources.



### Strengths as Providers of Mental and Behavioral Health Services

Stakeholders described what they perceive as their agencies' greatest strengths and assets in addressing mental and behavioral health needs. Many of the services provided are either free or offered on a sliding scale; they are also available during nontraditional hours such as during nights and weekends.

They have also worked diligently to create connections and to build trust in the communities they serve by providing culturally competent services, engaging in outreach to vulnerable populations such as LGBTQ+ and undocumented populations, and by being affiliated with trusted institutions like local school districts.

Additionally, service providers are continually working to evolve and meet emerging needs through a number of mechanisms including providing clients with pragmatic and evidence-based coping tools, offering alternative behavioral health interventions such as utilizing restorative justice, or Positive Behavioral Intervention Services (PBIS) at school sites, or through providing professional development to staff.

Finally, many agencies have support from local elected officials and governing boards that are knowledgeable about the need for services, and are dedicated and engaged in efforts to ensure access for all residents.

## Recommendations

Four primary recommendations were identified by key stakeholders for strengthening mental and behavioral health service provision. Suggested strategies for addressing each recommendation were also provided by stakeholders, along with illustrative quotes highlighting interviewees' perspectives.

### **Recommendation 1: Maximize & Expand Resources**

Interviewees emphasized the importance of maximizing and/or enhancing access to services through a number of strategies including increasing locations, hours of operation, and transportation options.

- Increase funding for mental and behavioral health services.
- Utilize technology, such as texting, to better reach youth and young adult populations.
- Improve interagency collaboration and integration between county services and local nonprofit providers.
- Expand the number of county mental health clinics to improve access to low cost services.
- Scale successful programs and services such as Positive Behavioral Intervention Services (PBIS) and Mental Health First Aid (MHFA).
- Offer local inpatient treatment particularly for adolescents, dual diagnosis, and those experiencing homelessness.
- Provide clinical service offerings for children and youth.
- Provide accessible LGBTQ+ youth services and safe spaces.

"There are limitations with telepsych because they only see adults and the one in-house psychiatrist only sees children over 12."

– *Community Provider*

### **Recommendation 2: Education & Outreach**

Stakeholders agreed that educating the community and primary care providers about mental and behavioral health, available resources, and how to access them is an essential piece to addressing mental and behavioral health concerns across the Coachella Valley.

- Train primary care providers to increase their knowledge about available services and how to refer to them.
- Educate parents about mental and behavioral health to increase their awareness about available resources, and to break down cultural barriers and stigma.
- Provide education to youth and young adults so that they are aware of what mental and behavioral health is, how to maintain it, and how and where to seek care when needed.
- Meet families where they are by sending mental health workers into the community to conduct outreach, and to provide services in nontraditional settings such as schools and community centers.

"I don't think there is stigma talking to people, they [youth] want to understand their feelings."

– *Educator*

### **Recommendation 3: Professional Development**

Interviewees expressed a need for professional development for a broad range of community members and service providers.

- Create a training and intervention curriculum, such as MHFA, for youth under 18. Stakeholders states that peer to peer networks are proven to be extremely successful, and may be a preferred point of entry to seeking assistance.
- Train providers such as psychiatrists, psychologists, and therapists in evidence-based treatment modalities that may be more effective during a shorter intervention period.
- Ensure all educators are equipped with the necessary knowledge, tools, and interventions to refer students to appropriate services or address a mental health crisis if need be.
- Provide cultural competency training to service providers.

"I am trying to get a program that I can teach to my kids so that maybe these kids can identify these needs before it becomes a crisis."

– Educator

### **Recommendation 4: Workforce Development**

Stakeholders feel that there is a lack of providers in their communities. While this could be addressed by incentivizing practitioners to move into the area, it is also critical that the future workforce is “homegrown” and familiar with the communities they work in.

- Continue to expand mental and behavioral health pathways and academies in high schools.
- Increase paid internship opportunities in the Coachella Valley for students working toward their credential (i.e., MSW, LMFT).
- Offer loan repayment to incentivize practitioners to move to or stay in the Coachella Valley.
- Hire practitioners that are linguistically competent (e.g., Spanish, indigenous)

"It is important to maintain qualified home-grown folks because it helps with trust as well in the community."

– Provider



## Conclusion

Interview findings revealed that there are multiple agencies across sectors working to address the mental and behavioral health needs of Coachella Valley residents. Although limited in number, these agencies and their employees are working hard to fulfill the many and diverse needs of persons with mental and behavioral health concerns.

These highly motivated key stakeholders have immense support across the valley from community members to policymakers. Still, current efforts are insufficient and recommendations with related strategies that were provided by key stakeholders are meant to fill gaps in current service provision through an informed and collaborative approach.

"It is going to take a concerted effort on all of our parts to meet the needs of the community. The more we work together the better off our families are going to be."  
– *Community Provider*

# 2019 DESERT HEALTHCARE DISTRICT MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

## PROVIDER SURVEY SUMMARY OF FINDINGS

### Prepared for:

Desert Healthcare District and Foundation



### Prepared by:

EVALCORP Research & Consulting



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## Introduction

As part of a comprehensive valley-wide assessment initiative, EVALCORP Research and Consulting worked in collaboration with Desert Healthcare District & Foundation to develop and conduct a Provider Survey. The survey was designed for agencies and their staff who work with populations in need of mental and behavioral health services. The purpose of the survey was to obtain providers' perspectives and experiences regarding priority mental and behavioral health needs, and the availability and provision of mental and behavioral health services throughout the Coachella Valley. Recommendations for improving mental and behavioral health service delivery were also collected from providers. Key findings are summarized in this report.

## Methods

The Provider Survey was developed and administered online by EVALCORP during May 2019 to multiple agencies that assist community members with their mental and behavioral health needs. The survey was distributed to a wide range of county, private, and non-profit agencies who serve residents of the Coachella Valley. During the two-week survey administration timeframe, a total of 73 responses were collected and used for analysis.

Respondent characteristics and key survey findings are outlined in the summary below.

## Respondent Characteristics

Survey respondents were asked to share information regarding their title, agency, region(s) served, and the primary populations they work with.

**Table 1** details the number of respondents from each agency/organization type; note that respondents were asked to indicate more than one agency type if applicable.

**Table 1. Number of Respondents by Agency/Organization (n=73)**

Agency Type	n
Ambulatory Care	8
Community College/College/University	3
Federally Qualified Health Center (FQHC)	9
Hospital/Medical Offices/RUHS	16
Human Services Agency	8
K-12 Education	15
Law Enforcement/Probation	3
Public Health	5
Private Providers	4
Substance Use Treatment	7
Other*	14

\*Other agencies (n=14) include nonprofit agencies, retired elected officials, care providers for patients with HIV, and county contracted providers.

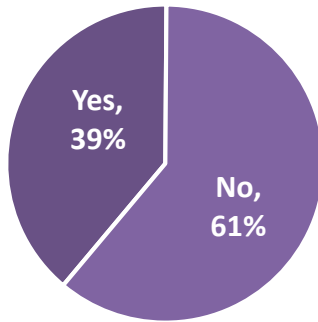
Survey respondents were asked to share information regarding their role/title and were asked to select more than role if applicable (**Table 2**). They were also asked which region(s) their agencies serve within the community and whether services were provided beyond the traditional setting/hours (e.g., Monday-Friday, 9:00am-5:00pm) (**Figure 1** and **Table 3**).

**Table 2. Survey Respondent Role (n=73)**

Role	Count
	n
Administrator	7
Case Worker	6
Clinical Director/Assistant Director	5
Community Health Worker	2
Counselor/Therapist (MFT, LPCC)	14
Educator	7
Law Enforcement	2
Management/CEO	7
Nurse (RN, LPN, LVN)	2
Paramedic	0
Physician (MD, NP)	5
Psychologist	2
School Counselor	5
Social Worker	6
Other*	9

\*Other roles interviewees hold included housing navigator, lawyer, and peer support specialist.

**Figure 1. Services Outside of the Traditional Setting (n=71)**



Similar to the questions about their agency and role, respondents were asked to select more than one region served if applicable.

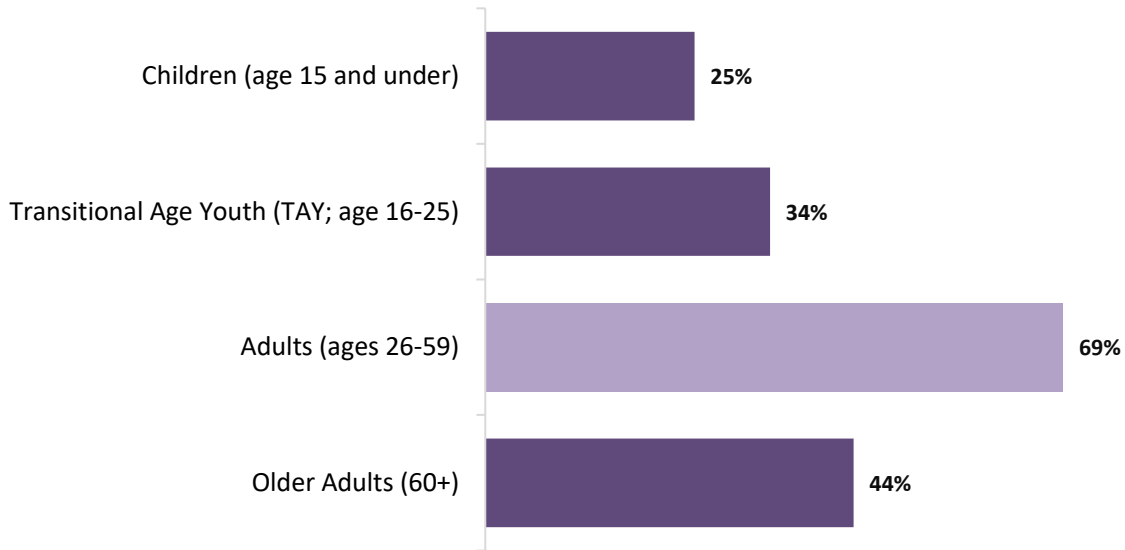
**Table 3. Regions Served (n=73)**

	Count	Percentage
City Served	n	%
Bermuda Dunes	32	44%
Blythe	4	6%
Cathedral City	51	70%
Coachella	37	51%
Desert Edge	16	22%
Desert Hot Springs	49	67%
Indian Wells	36	49%
Indio	41	56%
La Quinta	39	53%
Mecca	28	38%
North Shore	21	29%
Oasis	21	29%
Palm Desert	44	60%
Palm Springs	56	77%
Rancho Mirage	46	63%
Sky Valley	23	32%
Thermal	28	38%
Thousand Palms	43	59%
Vista Santa Rosa	13	18%
Other	10	14%

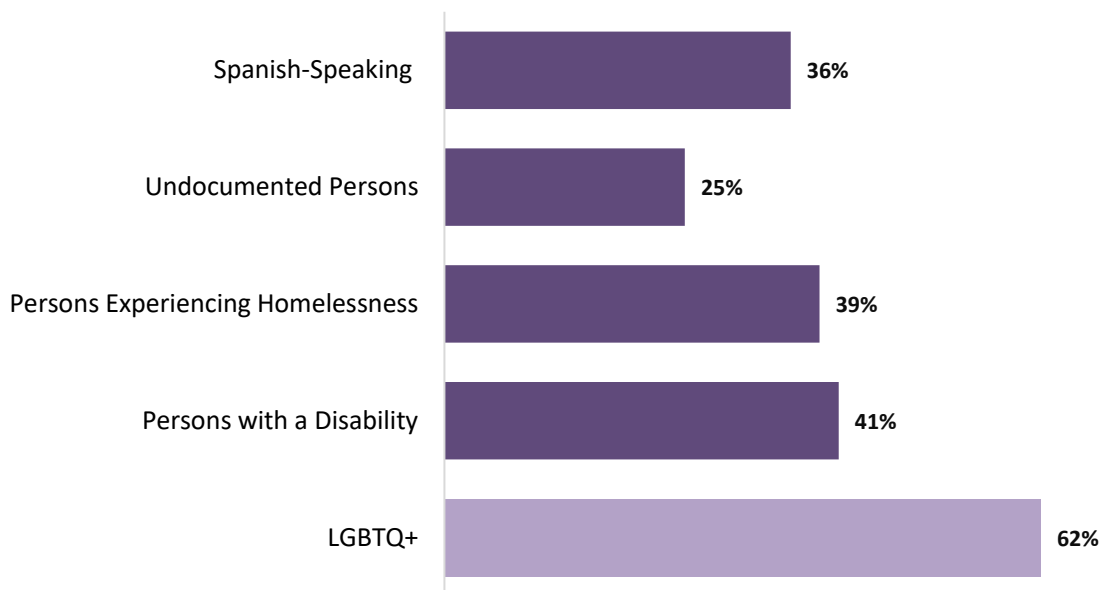
Respondents that selected other indicated that they served regions outside of the Coachella Valley including Imperial County, San Bernardino County, Orange County, and Riverside County at large.

Survey respondents were asked to indicate which populations (age groups and vulnerable populations) they work with most frequently (**Figure 2** and **Figure 3**). Respondents could indicate more than one population. More than half of all respondents work with adults (69%) and/or LGBTQ+ (62%).

**Figure 2. Frequently Worked with Age Groups (n=73)**



**Figure 3. Frequently Worked With Vulnerable Populations (n=73)**



Only one respondent indicated that they served “none of the above” vulnerable populations. An additional four identified other populations including those living with HIV (n=2) and Veterans (n=1).

## Key Findings

The following pages summarize responses relative to: 1) unmet mental and behavioral health needs; 2) whether those in need of mental or behavioral health services can access them; and 3) which populations were in greatest need of mental and behavioral health services.

### Unmet Mental and Behavioral Health Needs

Respondents were asked to rate the amount of additional support or resources that are needed to address a variety of mental and behavioral health issues (**Table 4**).

	<b>None</b>	<b>Some</b>	<b>A Lot</b>	<b>Not Sure</b>
ADD/ADHD	4%	51%	33%	12%
Alcoholism/Substance Use	3%	14%	83%	0%
Anxiety	0%	25%	75%	0%
Bullying	4%	39%	49%	8%
Chronic Stress	1%	37%	62%	0%
Depression	1%	15%	84%	0%
Homelessness	0%	15%	79%	6%
Thoughts of Suicide	0%	23%	71%	6%
Trauma	0%	29%	70%	1%

The majority of respondents felt that there needs to be at least some additional resources or support directed to each of the above mental and behavioral health needs. Four respondents also identified additional issues including anger management, PTSD/survivor syndrome, family violence, and LGBTQ+. For these four issues stated above, each respondent indicated “A Lot” of additional support/resources are required to address the current need.

Respondents were asked to indicate what they felt were the top unmet needs in the Coachella Valley. Of those surveyed, 62 provided a response and indicated up to three unmet needs. Responses were split into two categories: individual well-being and service provision.

#### **Individual Well-being**

- Substance use disorders (n=22)
  - Dual diagnosis (dual diagnosis of substance use and mental illness), sober living, affordable treatment
- Homelessness (n=13)
  - Housing, mental health, substance abuse treatment for persons experiencing homelessness
- Depression (n=10)
- Suicidal Ideation/Self-harm behaviors (n=8)
- Anxiety/Stress (n=6)
- Trauma (n=4)

" The lack of understanding of African-Americans and the distrust between mental health providers and their trauma [is an unmet need]."



- Stigma (n=3)
- Isolation/grief/loss (n=3)
- Anger management (n=3)

Other needs included bullying (n=1).

**Service Provision**

- Accessibility (n=24)
  - Transportation (n=7)
  - Services available during nontraditional hours/in nontraditional settings (n=5)
  - Geographically convenient locations (n=4)
  - Low cost/affordable services (including for Medi-Cal, un/underinsured) (n=8)
- Service provision (n=22)
  - Triage, increasing county mental health locations, outpatient, preventative care, crisis services, inpatient treatment, youth specific care
- Education/awareness (n=14)
  - Community members: reduce stigma, educate about mental and behavioral health conditions and available resources (n=9)
  - Providers: educate about available resources (n=5)
- Timely access (n=12)
  - Reduce wait times, increase walk-in availability
- Culturally competent providers (n=8)
  - HIV, bilingual, LGBTQ+
- Lack of providers (n=6)

“Availability of culturally competent mental health care for long-term HIV survivors (mostly LGBT) [is an unmet need].”

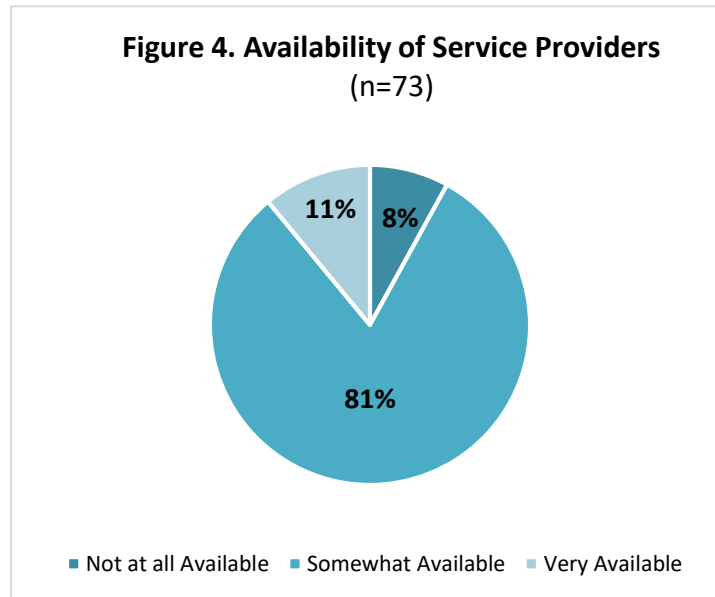
“... primary care providers are the first line of defense. The average person is more likely to go to their primary rather than seek psychotherapy or psychiatry services directly. If primary care providers don't understand the benefits of these services, the specialties, or the local providers and allies, then we miss out on getting the patient the support they need.”

“Access [to] mental health services/professionals during nontraditional hours and in nontraditional locations [is a top need].”

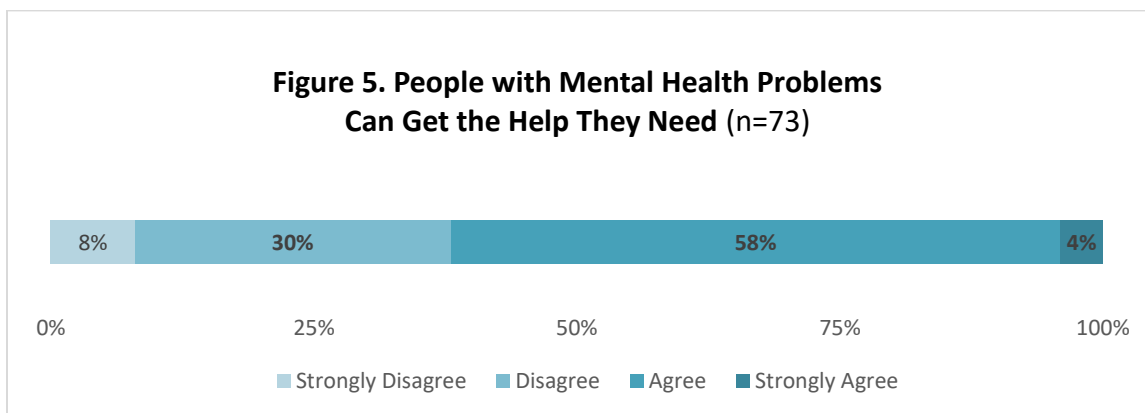
“Our organization cannot wait 30 days for an appointment if participants are presenting with manic symptoms or have a reaction to a previously prescribed medication.”

## Access to Care

The majority of respondents felt that mental and behavioral health service providers were somewhat available in the communities they serve (**Figure 4**).



More than half of respondents agreed or strongly agreed that people with mental health problems in their communities can receive the help they need (**Figure 5**).



Survey respondents were asked to rate available mental and behavioral health services relative to eight components (Table 5).

<b>Table 5. Assessment of Available Mental and Behavioral Health Services (n=73)</b>					
	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Not Sure</b>
Availability of appointments	33%	37%	23%	3%	4%
Capacity (sufficient beds/staff)	52%	33%	7%	1%	7%
Cultural competency of staff	12%	26%	40%	12%	10%
Hours of operation	12%	36%	40%	5%	7%
Materials are available in appropriate languages	7%	27%	34%	11%	21%
Services are available in appropriate languages	12%	30%	26%	11%	21%
Wait times in lobby to see provider	12%	30%	28%	4%	26%
Walk-in availability	51%	20%	11%	3%	15%

The two most poorly rated aspects of service provision were capacity (52%) and walk-in availability (51%). Approximately half of respondents selected either good or excellent for cultural competency of staff, hours of operation, and availability of materials in appropriate languages (52%, 45%, and 45% respectively).

<b>Table 6. Barriers to Accessing Care/Resources (n=72)</b>					
	<b>Not a Barrier</b>	<b>Minor Barrier</b>	<b>Somewhat of a Barrier</b>	<b>Major Barrier</b>	<b>Not Sure</b>
Availability of services	4%	7%	42%	47%	0%
Client knowledge of available services	4%	6%	37%	53%	0%
Insurance coverage/cost	1%	16%	29%	54%	0%
Lack of Childcare	1%	7%	36%	28%	28%
Lack of culturally appropriate services	8%	20%	31%	30%	11%
Language assistance	7%	26%	34%	19%	14%
Location of services	4%	17%	40%	35%	4%
Staff qualifications/skills	20%	29%	22%	14%	15%
Transportation	3%	9%	26%	55%	7%

The top three major barriers to accessing mental and behavioral health care and resources identified were transportation (55%), insurance coverage/cost (54%), and client knowledge of available services (53%). Only two barriers had less than 25% of respondents indicating they were a major barrier: language assistance (19%) and staff qualifications/skills (14%).

Only one respondent indicated an additional barrier related to how services are delivered, and stated, “The way services are provided...15 minutes to talk to someone to gauge meds doesn’t help anyone. There’s more than medication that can help a person dealing with these challenges.” The respondent identified this as a ‘major barrier.’

## Populations in Need

Those surveyed were asked specifically which populations were in greatest need of mental and behavioral health services by 1) vulnerable population, 2) race/ethnicity, and 3) age group.

	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Not Sure</b>
LGBTQ+	7%	21%	64%	8%
Persons with Disabilities	8%	33%	51%	8%
Persons Experiencing Homelessness	6%	16%	75%	3%
Persons that are Undocumented	12%	22%	47%	19%
Spanish-Speaking	7%	35%	46%	12%

Some respondents selected an additional vulnerable population; responses included veterans (n=2), previously incarcerated individuals (n=1), HIV survivors (n=1), uninsured populations (n=1), and those with substance use issues (n=1). Of these seven coded responses, all but one rated the need for mental and behavioral health services as 'High'.

In order to inform Desert Healthcare District and Foundation's approach to address existing health disparities among racial minorities, respondents were asked to identify the level of need for each of the racial/ethnic groups below. Mental and behavioral health needs are often adversely impacted by lived experiences and external factors such as immigration status, systematic racism, and generational trauma.

	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Not Sure</b>
African American/Black	3%	33%	47%	17%
Asian American/Pacific Islander	22%	36%	17%	25%
Hispanic/Latino	3%	28%	61%	8%
Native American/Alaskan Native	14%	33%	28%	25%
White	7%	35%	47%	11%

Additionally, three respondents included mixed-race and rated their need for mental and behavioral health services as 'High'.

	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Not Sure</b>
Children (age 15 and younger)	12%	32%	38%	18%
TAY (age 16-25)	11%	18%	60%	11%
Adults (age 26-59)	3%	31%	56%	10%
Older Adults (60+)	6%	26%	52%	16%

Transitional age youth, otherwise known as TAY, had the highest percentage of respondents indicating their need for mental and behavioral health services as 'high' (60%).

## Recommendations

Respondents were asked to provide suggestions as to how they would improve the provision of mental and behavioral health services in the Coachella Valley. Of those surveyed, 56 provided a response. Many responses were about expanding current services and increasing interagency collaboration to improve coverage across the Valley.

- Additional Services (n=44)
  - Increase providers and staff (psychiatrists and bilingual) (n=9)
  - Provide homeless services (n=7)
  - Provide same day/walk-in services (n=7)
  - Increase overall accessibility
  - (e.g. additional service locations) (n=5)
  - Increase funding; more equitable funding (n=4)
  - Provide crisis services (youth, inpatient, field teams) (n=4)
  - Open mental health hospitals/inpatient care facilities (n=4)
  - Expand school-based services (n=4)
- Services in nontraditional settings during nontraditional times such as field work, home visits, community outreach/case management (n=10)
- Provide affordable care/coverage including financial assistance, improved coverage for those with health insurance, and low cost or free services for those without health insurance (n=8)
- Transportation (n=5)
- Offer detox/substance abuse treatment that is low cost, dual diagnosis, non-faith based (n=5)
- Incentives to bring or keep providers in the area (n=4)

“County needs to reallocate funds from West Riverside County to Coachella Valley. Their 5-year plan is heavily weighted on programs that do not meet the needs of the Coachella Valley community. They get funding for us, but don’t invest in us.”

“Provide incentives for behavioral health professionals to practice in the I.E. [Inland Empire].”

Additional responses included stigma reduction (n=4), streamlining current processes for intake and referrals (n=3), cultural competency training for providers (n=2), a greater focus on prevention (n=2), peer navigation (n=1), refocusing on other care modalities (n=1), and an informational hotline (n=1).

“[I recommend] programs pitched as personal wellness programs rather than mental health service because it will minimize the stigma and encourage self-awareness and self-care as ways of combatting barriers.”

“Develop a peer component to help consumers navigate systems of care.”

“Talk therapy would go a long way in making improvements with the community. A lot of people just need someone to talk to and not just given meds and brush aside. Listening to people makes them feel valid and worthy of respect.”

“[Offer] cultural sensitivity classes pertaining to ALL ethnic groups. This will aid in the elimination of health disparit[ies], bridge the gap, and help to rebuild the trust in healthcare providers.”

“I think the easiest way for families to get services is by having a ‘hotline’ or quick phone number they can call/text for assistance.”

## Conclusion

Provider Survey findings revealed that the Coachella Valley is in need of additional resources to address current mental and behavioral health needs. The majority of respondents indicated that services are somewhat available (81%), but access to services is limited by barriers such as poor client knowledge of available services, cost of care, and transportation to services. Capacity issues, such as the inability to meet the demand for services and limited appointment availability, further compound access issues. Additionally, vulnerable populations, such as undocumented individuals, minorities, and youth, are in particularly high need of services. Providers indicated that improved inter-agency collaboration to expand upon current services would enhance service provision and increase access to services by residents of the Coachella Valley.

**PROJECT:** Desert Healthcare District and Foundation Needs Assessment Services

**SERVICE PERIOD:** April 1 – May 31, 2019

**SERVICES/TASKS**

Provision of Services in support of the Desert Healthcare District/Foundation Mental and Behavioral Health Needs Assessment, including the following:

- Developed and finalized workplan
- Created community engagement plan
- Created secondary data indicators inventory
- Obtained American Community Survey data for the secondary data indicators reports
- Obtained California Healthy Kids Survey data for the three school districts in the Coachella Valley for the secondary data indicators reports
- Obtained additional public source data for the secondary data indicators reports
- Inventoried secondary data
- Developed Board of Directors Key stakeholder Interview Protocol
- Finalized Board of Directors Key stakeholder Interview Protocol
- Scheduled seven Board of Directors Key Stakeholder Interviews
- Conducted seven Board of Directors Key Stakeholder Interviews
- Documented Board of Director key stakeholder interview responses via typed notes during interviews
- Developed Key stakeholder Interview Protocol
- Finalized Key stakeholder Interview Protocol
- Scheduled 15 Key Stakeholder Interviews
- Conducted 15 Key Stakeholder Interviews
- Documented key stakeholder interview responses via typed notes during interviews
- Conducted qualitative coding and theming of 15 Key Stakeholder Interviews
- Developed Key Stakeholder Interviews Summary of Findings
- Finalized Key Stakeholder Interviews Summary of Findings
- Developed Provider Survey
- Finalized Provider Survey
- Finalized the online version of the Provider Survey
- Launched Provider Survey
- Monitored Provider Survey
- Conducted quantitative and qualitative analysis of survey responses
- Developed Provider Survey Summary of Findings
- Finalized Provider Survey Summary of Findings
- Developed Focus Group Protocol
- Finalized Focus Group Protocol

- Translated Focus Group Protocol to Spanish
- Coordinated scheduling of 3-5 focus groups
- Scheduled three focus groups
- Created and distributed flyer for three focus groups
- Prepared for and facilitated April and May project status meetings to discuss project updates, data collection initiatives (e.g., Key stakeholder interviews, provider survey, focus groups), and the development of deliverables (e.g., community engagement plan, key stakeholder interview and provider survey recruitment strategy, data collection progress, report/deliverable timelines)