



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
October 23, 2018
7:30 P.M.**

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

University of California Riverside
Building B – Room B114/117
75080 Frank Sinatra Drive, Palm Desert, California 92211
This meeting is handicapped-accessible

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	A. CALL TO ORDER – President Zendle, MD Roll Call ____Director Wortham, DrPH____Director Hazen____Director Matthews ____Vice-President/Secretary Rogers, RN ____President Zendle, MD	
1-2	B. APPROVAL OF AGENDA	Action
	C. PUBLIC COMMENT 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. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	D. CONSENT AGENDA All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	Action
3-9	1. BOARD MINUTES a. Board of Directors Meeting September 23, 2018	
10-18	2. FINANCE AND ADMINISTRATION a. Approval of September 2018 Financial Statements F&A Committee approved October 9, 2018	
	E. DESERT HEALTHCARE FOUNDATION CEO REPORT	



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<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	F. FINANCE & ADMINISTRATION COMMITTEE	
19-20	1. Minutes September 11, 2018	
21-33	2. Moss Levy & Hartzheim – FY 2018 Audit Report	Action
34	3. Transfer of Funds from Operating to Investment Account	Action
	G. OLD BUSINESS	
	1. CVHIP	
35-40	a. Alternative Platform/Marketing	Action
41-48	b. Analytics	Information
	2. Ready Set Swim	
49	a. Accept Grant from Desert Healthcare District	Action
50-60	b. Desert Recreation District - Service Agreement	Information
61-67	c. Palm Springs Boys & Girls Club Service Agreement	Information
68-74	3. Homelessness Initiative	Information
75	4. Behavioral Health Initiative	Information
76-82	5. The California Endowment (TCE) – Public Policy and Research/Academic Partnership	Information
	H. NEW BUSINESS	
	I. DIRECTOR’S COMMENTS & REPORTS	
	J. ADJOURNMENT	

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

DESERT HEALTHCARE
FOUNDATION

**DESERT HEALTHCARE FOUNDATION
 BOARD OF DIRECTORS
 MEETING MINUTES
 September 25, 2018**

Directors Present	District Staff Present	Absent
President Zendle, MD Vice-President/Secretary Carole Rogers, RN Treasurer Mark Matthews Director Kay Hazen	Chris Christensen, CFO, Interim CEO Lisa Houston, COO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Andrea S. Hayles, Clerk to the Board <u>Legal Counsel</u> Jeff Scott	Director Jennifer Wortham, DrPH

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Zendle called the meeting to order at 8:15 p.m. The Clerk of the Board called the roll with all Directors present except Director Wortham.	
B. Approval of Agenda	President Zendle asked for a motion to approve the Agenda.	#17-74 MOTION WAS MADE by Director Matthews and seconded by Director Hazen to approve the agenda. Motion passed unanimously.
C. Public Comment	President Zendle called for public comment. No public comment.	
D. Consent Agenda D.1. Board Minutes D.1.a. Board Meeting July 24, 2018 D.2. Finance and Administration D.2.a. Consideration for approval Foundation September 2018 Financial Statements F&A approved September 11, 2018	President Zendle asked for a motion to approve the Consent Agenda.	#17-75 MOTION WAS MADE by Director Matthews and seconded by Director Hazen approve Consent Agenda. Motion passed unanimously.
E. Desert Healthcare Foundation CEO Report	No report was provided.	

**DESERT HEALTHCARE FOUNDATION
 BOARD OF DIRECTORS
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<p>F. Finance & Administration Committee</p> <p>1. \$6M East Valley Funding Liability Commitment</p> <p>2. Service Agreement Addendum – Desert Recreation District – Ready Set Swim, Jr.</p> <p>3. The California Endowment (TCE) – No Cost Grant Extension – Public Policy and Research/Academic Partnership</p>	<p>President Zendle explained that the \$6M East Valley funding liability commitment – a self-funded approach for providing programs and services to the residents of the annexed area. The District auditors determined that the \$6M liability could not be accrued because there is no legal obligation of the Foundation to satisfy the commitment. In addition, future Board members could vote to overturn the commitment, and the voters have not yet decided on the passage of Measure BB.</p> <p>Director Matthews described the Ready Set Swim Jr. program funded by First 5 with the extension of the program through September 30, 2018. Desert Recreation District will eventually begin responsibility of the Ready Set Swim, Jr. grant as the full administrators.</p> <p>Lisa Houston, COO, explained the Public Policy and Research/Academic Partnership that resulted in the hire of a Health Policy Analyst and Community Health Analyst. The hiring process occurred later than anticipated prompting the request of a no cost grant extension.</p>	<p>#17-76 MOTION WAS MADE by Vice-Director Hazen and seconded by Director Matthews to approve the Service Agreement Addendum – Desert Recreation District – Ready Set Swim, Jr. Motion passed unanimously.</p> <p>#17-77 MOTION WAS MADE by Vice-Director Matthews and seconded by Vice-President Rogers to approve The California Endowment (TCE) No Cost Grant Extension – Public Policy and Research/Academic Partnership. Motion passed unanimously.</p>
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**DESERT HEALTHCARE FOUNDATION
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<p>G. Old Business</p>		
<p>1. CVHIP Marketing and Analytics a. Analytics</p>	<p>Lisa Houston, COO, explained the staff concerns with the success of phase 2 of the marketing plans and the work of O'Bayley communications. The user trends, demographics and overall analysis was detailed. Inland Empire Health Plan (IEHP) has a new platform similar to CVHIP that connects Inland Empire residents and other cities to program and services. Staff begun to dialogue with IEHP on a possible partnership, and Staff will bring forward to the F&A Committee additional information and recommendations.</p>	
<p>2. Homelessness Initiative</p>	<p>Lisa Houston, COO, described the focus groups with consultant Barbara Poppe and staff's work on additional data. Staff will reconvene in November with the focus groups to approach an action plan with the results brought forward at the November Board meeting.</p> <p>President Zendle inquired on the future of a residential facility in the west valley that will ease the use of the facilities in the east. Mrs. Houston explained that the topic was discussed in the focus groups, but rapid rehousing and diversion versus prevention was emphasized. A potential partnership with Riverside County to access funding of the Homeless Emergency Aid Program (HEAP) concentrating</p>	

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<p>3. Behavioral Health Initiative</p>	<p>on bridge housing which is part of rapid rehousing is underway, and Barbara Poppe’s efforts are centered around the housing first model.</p> <p>While Vice-President Rogers understands the expert opinion of consultant Barbara Poppe, she expressed the importance of listening to the needs of the community explaining that at various meetings she attends throughout the valley, community members inquire about a shelter in the west.</p> <p>Lisa Houston, COO, described the Blue Ribbon Committee of Supervisor Perez and Board members concerns with mental health funding from the county. Staff is continuing its research by meeting with the CREST and REACH teams, JFK Memorial Hospital, and First Responders. Desert Regional Medical Center, Eisenhower, and JFK Memorial Hospital are collecting different data and Staff met with the leads to develop an MOU for data-sharing, management, and tracking. Data with the school districts continues due to the significantly higher rates of homelessness at certain grade levels.</p> <p>Staff recommends moving forward with the Behavioral Health Initiative, but homelessness is currently on the forefront. Staff also recommends considering the 5150 data as a</p>
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**DESERT HEALTHCARE FOUNDATION
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	<p>baseline to measure all future programs.</p> <p>Director Hazen encouraged Staff to continue with the work as a baseline, but no strategies have been presented to address the information. Examine the milestones between now and the spring 2019 timeline to assist with the next steps.</p> <p>Vice-President Rogers explained the \$50k Mental Health Consultant approval of the Board last year and Staff’s role in identifying the appropriate consultant that can assist with the acute need for mental health services in the Valley with a proactive approach to support Arcadia Health Care’s efforts in Indio.</p> <p>Linda Evans, Chief Strategy Officer, Desert Care Network, described the Valley-Wide Policy Chiefs meeting and discussions about data and that the county has still failed to provide services to the Coachella Valley. Mrs. Evans detailed Arcadia Health Care’s application for permit approval of land use in Indio and changes if the city council does not approve the land use permit. Mrs. Evans commended the depth of the work that is taking place by the District.</p>	
H. New Business	None	

**DESERT HEALTHCARE FOUNDATION
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<p>I. Directors' Comments & Reports</p>		
<p>J. Adjournment</p>	<p>Director Hazen adjourned the meeting at 8:55 p.m. in the memory of Diana J. Wiefels in the hope we will never forget someone that made such a difference at the hospital and the community, and that her legacy is not forgotten.</p> <p>Director Hazen explained that the hospital and community truly lost a good friend describing her work as a long-time hospital volunteer, board member of Tiempo de los Ninos, and her devotion to infants and children. Mrs. Wiefels played a large role in fundraising to build the infant and children's center at Desert Regional Medical Center (DRMC). Director Hazen also described her early memories of working with Mrs. Wiefels at DRMC and the love and care she provided to the babies in the nursery. She loved her family, the hospital and the community. Mrs. Wiefel was a business woman during a time of barriers and challenges for women – a kind, decent human being. Director Hazen ended her tribute with a Maya Angelou quote – “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”</p>	<p><i>Audio recording available on the website at http://dhcd.org/Agenda-Board-of-Directors</i></p>

DESERT HEALTHCARE
FOUNDATION

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS
MEETING MINUTES
September 25, 2018**

ATTEST: _____
Carole Rogers, Vice-President/Secretary
Desert Healthcare District Board of Directors

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

DRAFT

**DESERT HEALTHCARE FOUNDATION
 SEPTEMBER 2018 FINANCIAL STATEMENTS
 INDEX**

Statement of Operations				
Balance sheet				
Allocation of Restricted Funds				
Deposit Detail				
Check Register				
Credit Card Expenditures				
Schedule of Grants				

Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
 July through September 2018

	MONTH			TOTAL		
	Sep 18	Budget	\$ Over Budget	Jul - Sep 18	Budget	\$ Over Budget
Income						
4003 · Grants	-	-	-	-	250,000	(250,000)
4007 · Grant Income - RSS Jr	7,089		7,089	22,115	-	22,115
4116 · Bequests - Frederick Lowe	-	7,083	(7,083)	24,220	21,249	2,971
4130 · Misc. Income	-	83	(83)	-	249	(249)
4301 · Interest Income	2	-	-	-	-	-
8015 · Investment Interest Income	5,560	5,417	143	18,081	16,251	1,830
8040 · Restr. Unrealized Gain/(Loss)	(12,901)	833	(13,734)	39,985	2,499	37,486
Total Income	(250)	13,416	(13,666)	104,401	290,248	(185,847)
Expense						
5001 · Accounting Services Expense	647	628	19	1,941	1,884	57
5035 · Dues & Memberships Expense	-	83	(83)	-	249	(249)
5057 · Investment Fees Expense	1,079	3,600	(2,521)	5,872	5,800	72
5065 · Legal Costs Ongoing Expense	-	83	(83)	-	249	(249)
5101 · DHCD-Exp Alloc Wages& benefits	17,668	17,668	-	53,004	53,004	-
5106 · Marketing & Communications	207	4,167	(3,960)	1,635	12,501	(10,866)
5110 · Other Expenses	238	125	113	1,088	375	713
5115 · Postage & Shipping Expense	-	8	(8)	-	24	(24)
5120 · Professional Fees Expense	-	250	(250)	-	250	(250)
5210 · RSS Jr - Expense Clearing Acct	(7,659)		(7,659)	(7,385)	-	(7,385)
8051 · Major grant expense	-	18,250	(18,250)	1,053	54,750	(53,697)
8052 · Grant Expense - Collective/Mini	-	26,667	(26,667)	-	80,001	(80,001)
8053 · Grant Expense - RSS Jr	7,089	-	7,089	22,115	-	22,115
Total Expense Before Social Services Fund	19,268	71,529	(52,261)	79,323	209,087	(129,764)
5054 · Social Services Fund	-	2,083	(2,083)	6,000	6,249	(249)
Net Income	(19,518)	(60,196)	40,678	19,079	74,912	(55,833)

Desert Healthcare Foundation
Balance Sheet
As of September 30, 2018

		Sep 30, 18
ASSETS		
Current Assets		
Checking/Savings		
100 · CASH		
146 · Checking - Pacific Premier 6718		4,199,920
149 · Money Market - Pacific Premier		1,939
150 · Petty Cash		200
Total Checking/Savings		4,202,059
Accounts Receivable		
324 · RSS Jr Receivable		7,089
Other Current Assets		
476-486 · INVESTMENTS		
477 · Morgan Stanley-Investments		
477.2 · Unrealized Gain/(Loss)		(39,428)
477 · Morgan Stanley-Investments - Other		1,824,361
Total 477 · Morgan Stanley-Investments		1,784,933
486 · Merrill Lynch		
486.1 · Merrill Lynch Unrealized Gain		190,608
486 · Merrill Lynch - Other		616,025
Total 486 · Merrill Lynch		806,632
Total 476-486 · INVESTMENTS		2,591,566
500 · CONTRIBUTIONS -RCVB -CRTS		
515 · Contrib RCVB-Pressler CRT		66,389
530 · Contrib RCVB-Guerts CRT		122,540
Total 500 · CONTRIBUTIONS -RCVB -CRTS		188,929
601 · Prepaid Payables		4,060
Total Other Current Assets		2,784,554
Total Current Assets		6,993,702
Other Assets		
460 · Investments - Point Center Fin		
461 · Reserve - Point Center - Loan		(25,015)
460 · Investments - Point Center Fin - Other		25,015
Total Other Assets		-
TOTAL ASSETS		6,993,702

Desert Healthcare Foundation
Balance Sheet
As of September 30, 2018

		Sep 30, 18
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
	1000 · Accounts Payable	134
	1052 · Account payable-DHCD Exp Alloc	58,606
Total Accounts Payable		58,740
Other Current Liabilities		
	2180 · Accrued Accounts Payable	44,482
	2190 · Current - Grants payable	3,392,180
Total Other Current Liabilities		3,436,661
Total Current Liabilities		3,495,401
Long Term Liabilities		
	2186 · Grants payable	1,200,000
Total Liabilities		4,695,401
Equity		
	3900 · Retained Earnings	2,279,221
	Net Income	19,079
Total Equity		2,298,300
TOTAL LIABILITIES & EQUITY		6,993,702

DESERT HEALTHCARE FOUNDATION				
BALANCE SHEET 09/30/18				
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES				
		T/B	GENERAL	Restricted
			Fund	Funds
				Trusts
ASSETS				
	146 · Checking Pacific Premier 6718	4,199,920	599,920	3,600,000
	149 · Money Market Pacific Premier Bank	1,939	1,939	
	150 · Petty Cash	200	200	
	Total 100 · CASH - UNRESTRICTED	4,202,059	602,059	3,600,000
	Accounts Receivable			
	324- RSS Jr. Receivable	7,089	7,089	
	Total Accounts Receivable	7,089	7,089	-
	477 · Invt-Morgan Stanley			
	477.2 · Unrealized Gain	(39,428)	(39,428)	
	477 · Invt-Morgan Stanley	1,824,361	832,181	992,180
	Total 477 · Invt-Morgan Stanley	1,784,933	792,753	992,180
	6441 486.1 · Merrill Lynch Unrealized Gain	190,608	190,608	
	486 · Merrill Lynch	616,025	616,025	
	Total 486 · Merrill Lynch	806,632	806,632	-
	515 · Contrib RCVB-Pressler CRT	66,389		66,389
	530 · Contrib RCVB-Guerts CRT	122,540		122,540
	601 - Prepaid payables	4,060	4,060	
	Total Current Assets	6,993,702	2,212,593	4,592,180
	TOTAL ASSETS	6,993,702	2,212,593	4,592,180
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
	1000 · Accounts Payable	134	134	
	1052 - Account Payable - DHCD - Alloc Expenses	58,606	58,606	
	2180 - Accrued Accounts Payable	44,482	44,482	
	2190 - Grants Payable - Current Portion	3,392,180		3,392,180
	Total Current Liabilities	3,495,401	103,222	3,392,180
	2186 - Grant Payable - Long Term	1,200,000		1,200,000
	Total Liabilities	4,695,401	103,222	4,592,180
Equity				
	3900 · Retained Earnings	2,279,221	2,090,292	188,929
	Net Income	19,079	19,079	
	Total Equity	2,298,300	2,109,371	-
	TOTAL LIABILITIES & EQUITY	6,993,702	2,212,593	4,592,180

Desert Healthcare Foundation
Deposit Detail
September 2018

Type	Date	Name	Amount
Deposit	09/28/2018		15,026
		Riverside County Treasurer - Ready Set Swim Jr July '18	(15,026)
TOTAL			(15,026)
		Total Deposits	15,026

Desert Healthcare Foundation
Check Register
As of September 30, 2018

Type	Date	Num	Name	Amount
100 · CASH				
146 · Checking - Pacific Premier 6718				
Bill Pmt -Check	09/04/2018	10924	Annalisa Wurm-	(10)
Bill Pmt -Check	09/04/2018	10925	Barbara Poppe	(4,444)
Bill Pmt -Check	09/04/2018	10926	Meghan Kane-	(37)
Bill Pmt -Check	09/04/2018	10927	O'Bayley Communications	(968)
Bill Pmt -Check	09/04/2018	10928	Vanessa Smith	(312)
Bill Pmt -Check	09/11/2018	10929	Tidbits of Coachella Valley	(207)
Bill Pmt -Check	09/17/2018	10930	Alejandro Espinoza	(238)
Bill Pmt -Check	09/17/2018	10931	Diane Ragle	(104)
Bill Pmt -Check	09/17/2018	10932	Run With Los Muertos	(1,000)
Bill Pmt -Check	09/17/2018	10933	TOP Shop	(197)
Bill Pmt -Check	09/20/2018	10934	Cardmember Services	(10)
Bill Pmt -Check	09/20/2018	10935	Desert Regional Med. Center	(271)
Bill Pmt -Check	09/28/2018	10936	Barbara Poppe	(13,814)
TOTAL				(21,612)

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
September 30, 2018							
TWELVE MONTHS ENDED JUNE 30, 2019							
A/C 2190 and A/C 2186-Long term			6/30/2018	New Grants	Total Paid	9/30/2018	
Grant ID Nos.	Name		Open	Current Yr	July-June	Open	
			BALANCE	2018-2019		BALANCE	
	Mayor's Check recorded - \$100K HP		\$ 46,106		\$ 15,096	\$ 31,011	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		\$ 124,718	\$ 1,257,282	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		\$ 39,298	\$ 150,077	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	
TOTAL GRANTS			\$ 4,771,385	\$ -	\$ 179,205	\$ 4,592,180	
Summary: As of 09/30/18							
Health Portal (CVHIP):	\$ 131,011		\$ 217,292		A/C 2190	\$ 3,392,180	
Swim	\$ 53,810		\$ 200,000		A/C 2186	\$ 1,200,000	
West Valley Homelessness Initiative	\$ 1,257,282		\$ 417,292		Total	\$ 4,592,180	
Cal Endowment-Analysts	\$ 150,077		\$ 4,354,093		Diff	\$ -	
Behavioral Health Initiative Collective Fund	\$ 2,000,000						
Avery Trust - Pulmonary Services	\$ 1,000,000						
Total	\$ 4,592,180						
<i>* West Valley Homelessness Initiative - COMMITTED FUNDS \$1,171,000 (BALANCE \$829,000)</i>							
Amts available/remaining for Grant/Programs - FY 2018-19:			FY17 Grant Budget				
Amount budgeted 2018-2019		\$ 539,000		\$ 219,000			
Amount granted year to date		\$ -		\$ 320,000			
Mini Grants:		\$ -					
Net adj - Grants not used:							
Balance available for Grants/Programs		\$ 539,000					



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
MEETING MINUTES
September 11, 2018

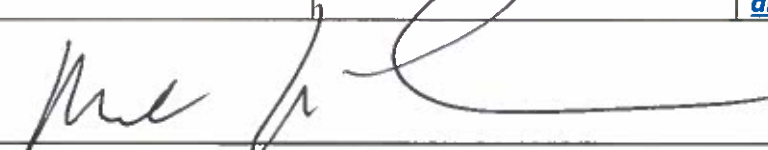
Directors Present	District Staff Present	Absent
Chair/Treasurer Mark Matthews Director Jennifer Wortham, DrPH Arthur Shorr, Community Member	Chris Christensen, Interim CEO & CFO Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk to the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Matthews called the meeting to order at 4:09 p.m.	
II. Approval of Agenda	Chair Matthews asked for a motion to approve the Agenda.	It was moved and seconded (Community Member Shorr, Director Wortham) to approve the agenda. Motion passed unanimously.
III. Public Comment	No public comment.	
IV. Approval of Minutes	Chair Matthews asked for a motion to approve the minutes of July 10, 2018.	It was moved and seconded (Community Member Shorr, Director Wortham) to approve the agenda. Motion passed unanimously.
V. CEO Report	No CEO Report was presented.	
VI. Financial Reports 1. Financial Statements 2. Deposits 3. Check Register 4. Credit Card Expenditures 5. General Grants Schedule	The Financial Reports were reviewed with Chris Christensen, Interim CEO.	It was moved and seconded (Chair Matthews, Director Wortham) to approve the August and September 2018 Foundation Financial Reports – items 1.-5. and forward to the Board for approval. Motion passed unanimously.
VII. Other Matters 1. Service Agreement Addendum – Desert Recreation District – RSS Jr.	Chris Christensen, Interim CEO, described the Ready Set Swim Jr. program funded by First 5 with the extension of the program	It was moved and seconded (Community Member Shorr, Director Wortham) to approve the RSS Jr. Service Agreement Addendum –

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FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
MEETING MINUTES
September 11, 2018

<p>2. The California Endowment (TCE) No Cost Extension Grant – Public Policy and Research/Academic Partnership</p> <p>3. East Valley Funding Accrued Liability \$300,000 Per Year Reversal</p>	<p>through September 30, 2018. Desert Recreation District will eventually begin responsibility of the Ready Set Swim, Jr. grant as the full administrators.</p> <p>Chris Christensen, Interim CEO, explained the \$200k to support the research of the Health Policy Analyst and Community Health Analyst in partnership with UCR School of Public Policy, and the no-cost grant extension modifying the closing date through November 2019.</p> <p>Chris Christensen, Interim CEO, described the Board approved \$300k commitment from the District to the Foundation should the expansion occur and a \$6M liability subject for audit approval. The auditors have disapproved the commitment since the expansion has not occurred and there is no legal obligation as the future Board could potentially make changes. The \$300k requires a commitment on an annual basis. The FY18-19 annual budget includes the \$300k.</p>	<p>Desert Recreation District and forward to the Board for approval. Motion passed unanimously.</p> <p>It was moved and seconded (Director Wortham, Community Member Shorr,) to approve The California Endowment (THE) No Cost Extension Grant – Public Policy and Research/Academic Partnership and forward to the Board for approval. Motion passed unanimously.</p>
<p>VIII. Adjournment</p>	<p>Chair Matthews adjourned the meeting at 4:15 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Finance-and-Administration</p>

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

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

DESERT HEALTHCARE FOUNDATION
PALM SPRINGS, CALIFORNIA
INDEPENDENT AUDITOR'S REPORT AND
FINANCIAL STATEMENTS
JUNE 30, 2018

DESERT HEALTHCARE FOUNDATION

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MOSS, LEVY & HARTZHEIM LLP

CERTIFIED PUBLIC ACCOUNTANTS

PARTNERS

RONALD A LEVY, CPA
CRAIG A HARTZHEIM, CPA
HADLEY Y HUI, CPA
ALEXANDER HOM, CPA
ADAM V GUISE, CPA
TRAVIS J HOLE, CPA

COMMERCIAL ACCOUNTING & TAX SERVICES

433 N. CAMDEN DRIVE, SUITE 730
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www.mlhcpas.com

GOVERNMENTAL AUDIT SERVICES

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INDEPENDENT AUDITOR'S REPORT

To the Honorable Board of Directors
of the Desert Healthcare Foundation
Palm Springs, California

We have audited the accompanying financial statements of Desert Healthcare Foundation (Foundation), a not-for-profit organization and a component unit of the Desert Healthcare District, which comprise the statement of financial position, as of June 30, 2018 and the related statements of activities, functional expenses, and cash flows for the fiscal year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Desert Healthcare Foundation as of June 30, 2018 and the changes in its net assets and its cash flows for the fiscal year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Comparative Summarized Information

We have previously audited the Foundation's 2017 financial statements, and our report dated October 5, 2017 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the fiscal year ended June 30, 2017, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Moss, Levy & Hartzheim

Moss, Levy & Hartzheim, LLP
Culver City, California
October 1, 2018

DESERT HEALTHCARE FOUNDATION

STATEMENT OF FINANCIAL POSITION

JUNE 30, 2018

WITH COMPARATIVE TOTALS FOR JUNE 30, 2017

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Totals</u>	
			<u>2018</u>	<u>2017</u>
ASSETS				
Cash and cash equivalents	\$ 3,447,997	\$ -	\$ 3,447,997	\$ 2,017,563
Grants receivable	1,030,829	-	1,030,829	14,477
Prepaid expenses	3,540	-	3,540	2,500
Accrued interest and dividend receivable	13,787	-	13,787	11,532
	<u>4,496,153</u>	<u>-</u>	<u>4,496,153</u>	<u>2,046,072</u>
OTHER ASSETS				
Contributions receivable - charitable remainder trusts	-	188,929	188,929	185,939
Assets held in charitable remainder trusts	-	-	-	86,207
Investments	2,499,286	-	2,499,286	2,410,881
Total other assets	<u>2,499,286</u>	<u>188,929</u>	<u>2,688,215</u>	<u>2,683,027</u>
TOTAL ASSETS	<u>\$ 6,995,439</u>	<u>\$ 188,929</u>	<u>\$ 7,184,368</u>	<u>\$ 4,729,099</u>
LIABILITIES AND NET ASSETS				
LIABILITIES				
Current liabilities:				
Accounts payable and accrued payroll	\$ 83,980	\$ -	\$ 83,980	\$ 16,312
Deferred grant income	-	-	-	2,000,000
Grants payable - current	3,621,167	-	3,621,167	217,292
Total current liabilities	<u>3,705,147</u>	<u>-</u>	<u>3,705,147</u>	<u>2,233,604</u>
Long-term liabilities:				
Grants payable - long-term	1,200,000	-	1,200,000	200,000
Total long-term liabilities	<u>1,200,000</u>	<u>-</u>	<u>1,200,000</u>	<u>200,000</u>
Total liabilities	<u>4,905,147</u>	<u>-</u>	<u>4,905,147</u>	<u>2,433,604</u>
NET ASSETS	<u>2,090,292</u>	<u>188,929</u>	<u>2,279,221</u>	<u>2,295,495</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 6,995,439</u>	<u>\$ 188,929</u>	<u>\$ 7,184,368</u>	<u>\$ 4,729,099</u>

The accompanying notes are an integral part of these financial statements

DESERT HEALTHCARE FOUNDATION
STATEMENT OF ACTIVITIES
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

	Unrestricted	Temporarily Restricted	Totals	
			2018	2017
SUPPORT AND REVENUE				
Contributions	\$ 226,403	\$ -	\$ 226,403	\$ 4,980
Grants and bequests	5,339,347	-	5,339,347	120,306
Interest and dividends	65,341	-	65,341	57,334
Investment gains (losses)	(49,499)	-	(49,499)	58,111
Sale of mineral rights	-	-	-	55,000
Miscellaneous income	-	-	-	18,406
Change in value - charitable trusts	-	3,506	3,506	(10,605)
Total support and revenue	<u>5,581,592</u>	<u>3,506</u>	<u>5,585,098</u>	<u>303,532</u>
EXPENSES				
Grants and services	5,314,610	-	5,314,610	60,590
Management and general	286,762	-	286,762	54,617
Total expenses	<u>5,601,372</u>	<u>-</u>	<u>5,601,372</u>	<u>115,207</u>
INCREASE (DECREASE) IN NET ASSETS	(19,780)	3,506	(16,274)	188,325
NET ASSETS, BEGINNING OF FISCAL YEAR	<u>2,023,349</u>	<u>272,146</u>	<u>2,295,495</u>	<u>2,107,170</u>
NET ASSETS, END OF FISCAL YEAR	<u>\$ 2,003,569</u>	<u>\$ 275,652</u>	<u>\$ 2,279,221</u>	<u>\$ 2,295,495</u>

The accompanying notes are an integral part of these financial statements

DESERT HEALTHCARE FOUNDATION
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

	Grants and Services	Management and General	Totals	
			2018	2017
Grants and social services	\$ 5,314,610	\$ -	\$ 5,314,610	\$ 60,589
Other expenses	-	2,027	2,027	369
Professional fees	-	284,735	284,735	54,249
TOTAL FUNCTIONAL EXPENSES	\$ 5,314,610	\$ 286,762	\$ 5,601,372	\$ 115,207

The accompanying notes are an integral part of these financial statements

DESERT HEALTHCARE FOUNDATION

STATEMENT OF CASH FLOWS
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

WITH COMPARATIVE TOTALS FOR THE FISCAL YEAR ENDED JUNE 30, 2017

	<u>2018</u>	<u>2017</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from public support	\$ 2,549,398	\$ 2,212,856
Cash paid to suppliers	(1,130,869)	(531,247)
Miscellaneous cash receipts	-	73,406
Interest and dividends received	63,086	55,583
	<u>1,481,615</u>	<u>1,810,598</u>
Net cash provided (used) by operating activities		
	<u>1,481,615</u>	<u>1,810,598</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Net investment activity	(51,181)	68
	<u>(51,181)</u>	<u>68</u>
Net cash provided (used) by investing activities		
	<u>(51,181)</u>	<u>68</u>
NET INCREASE IN CASH	1,430,434	1,810,666
CASH AND CASH EQUIVALENTS, BEGINNING OF FISCAL YEAR	<u>2,017,563</u>	<u>206,897</u>
CASH AND CASH EQUIVALENTS, END OF FISCAL YEAR	<u>\$ 3,447,997</u>	<u>\$ 2,017,563</u>
RECONCILIATION OF INCREASE (DECREASE) IN NET ASSETS TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (16,274)	\$ 188,325
Adjustments to reconcile increase (decrease) in net assets to net cash provided (used) by operating activities		
Net (gains) on investments	49,499	(58,111)
Increase (decrease) in assets		
Grants receivable	(1,016,352)	87,570
Other current assets	(1,040)	300
Charitable trusts	(3,506)	10,605
Accrued interest and dividends	(2,255)	(1,751)
Increase (decrease) in liabilities		
Accounts payable	67,668	13,474
Liabilities under unitrusts	-	-
Deferred grant income	(2,000,000)	2,000,000
Grants payable	4,403,875	(429,814)
Total adjustments	<u>1,497,889</u>	<u>1,622,273</u>
Net cash provided (used) by operating activities	<u>\$ 1,481,615</u>	<u>\$ 1,810,598</u>

The accompanying notes are an integral part of these financial statements

DESERT HEALTHCARE FOUNDATION

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Desert Healthcare Foundation (Foundation), a not-for-profit organization, is a health and welfare organization created to identify the health care needs of the Desert Healthcare District (District) and to work toward treating those needs through various programs and services. The Foundation is a component unit of the District due to the nature and significance of their relationship with the District. The Foundation operates primarily in the Coachella Valley area of Southern California and, as such, is subject to market conditions, which could affect charitable giving and the realization of recorded asset values at various times.

Basis of Accounting

The financial statements of the Foundation have been prepared on the accrual basis of accounting.

Basis of Presentation

The Foundation reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Foundation has temporarily restricted net assets of \$275,652 at June 30, 2018. The Foundation did not have any permanently restricted net assets at June 30, 2018.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

All donor-restricted contributions are reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets is reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Donated Facilities and Services

The District has provided to the Foundation the use of its office facilities at no charge. For the fiscal year ended June 30, 2018 the District allocated to the Foundation \$145,446 related to personnel charges. The value of the on-site facilities is not reflected in these statements, as they do not meet the criteria for recognition.

Cash and Cash Equivalents

Cash and cash equivalents include all monies in banks and highly liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

DESERT HEALTHCARE FOUNDATION

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments

Investments are stated at fair value. Realized and unrealized gains and losses on investments are recognized as changes in net assets in the periods in which they occur.

Income Taxes

The Foundation is a not-for-profit organization that is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3), and from California franchise taxes under related state tax regulations and classified by the Internal Revenue Service as other than a private foundation. The Foundation may be subject to tax on income from any unrelated business operations. The Foundation does not currently have any unrelated business operations.

The Foundation's returns are subject to examination by federal and state taxing authorities, generally for three years and four years, respectively, after they are filed.

Memorandum Totals

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Foundation's financial statements for the prior year, from which the summarized information was derived.

2. FAIR VALUE MEASUREMENTS

The Foundation applies Generally Accepted Accounting Principles (US GAAP) for fair value measurements of financial assets that are recognized or disclosed at fair value in the financial statements on a recurring basis.

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Foundation has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

DESERT HEALTHCARE FOUNDATION

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

2. FAIR VALUE MEASUREMENTS (Continued)

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

At June 30, 2018 all investments are measured at fair value on a recurring basis and were valued at Level 1 inputs (quoted prices in active markets for identical assets). Fair value for investments at June 30, 2018 was \$2,499,286. (See Note 3)

3. CASH AND INVESTMENTS

Demand Deposits

The carrying amounts, at June 30, 2018, of the Foundation's cash deposits were \$3,421,700 and money market funds were \$26,297. Bank balances were \$3,421,700 at June 30, 2018. The Foundation occasionally carries cash balances in banks in excess of the Federal Deposit Insurance Corporation's insurance limits.

Investments

At June 30, 2018, investments consisted of the following:

	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Gain (Loss)</u>
Corporate bonds	\$ 1,029,727	\$ 999,329	\$ (30,398)
U.S. Government agencies	105,789	103,024	(2,765)
U.S. Treasury notes	454,374	451,081	(3,293)
Municipal bonds	202,654	205,182	2,528
Marketable securities	<u>590,426</u>	<u>740,670</u>	<u>150,244</u>
Total Investments	<u>\$ 2,382,970</u>	<u>\$ 2,499,286</u>	<u>\$ 116,316</u>

DESERT HEALTHCARE FOUNDATION

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

4. SPLIT INTEREST AGREEMENTS

Charitable Remainder Trusts

The Foundation was named trustee in one charitable remainder unitrust in which the trustee has a fiduciary responsibility to maintain and invest the trust assets prudently.

Trust I (dated April 12, 1989): Upon the death of the donor, 100% of the principal and income of the trust that is not required to have been distributed to the life beneficiary shall become the property of the Foundation. The donor passed away May 30, 2015. The Foundation received the balance owed on the account during the current fiscal year, and as of June 30, 2018 the Foundation has a receivable in the amount of \$0.

The Foundation was named beneficiary to two additional charitable remainder unitrusts (whose trustees are someone other than the Foundation), all of which are recorded at fair value. The general terms of the two trusts are as follows:

Trust 4 (dated October 3, 1989): The lesser of the trust income or 8% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, 50% of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for cancer treatment, or for general purposes if a cure for cancer has been found. At December 31, 2017, which is the most current information available, the estimated present value of future cash flows was \$122,540.

Trust 7 (dated May 17, 1990): 8.5% of the net fair market value of trust assets is to be distributed to the life beneficiary annually. Upon the death of the life beneficiary, all of the principal and income not required to have been distributed to the life beneficiary shall become the property of the Foundation, to be used for general purposes. The estimated present value of future cash flows at June 30, 2018 was \$66,389.

DESERT HEALTHCARE FOUNDATION

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

5. GRANTS AND SERVICES PAYABLE

Grants and services provided by the Foundation consisted of the following for the fiscal years ended June 30:

	<u>2018</u>	<u>2017</u>
Grant for Health Portal	\$ 195,888	\$ 242,451
Grant for Swim Lessons	53,904	97,296
California Endowment and School District	189,375	37,757
Desert Highland Gateway Health & Wellness	-	39,788
West Valley Homelessness Initiative	1,382,000	-
Avery Trust - Pulmonary	1,000,000	-
Behavioral Health Initiative Collective Fund	<u>2,000,000</u>	<u>-</u>
Total Grants Payable	<u>\$ 4,821,167</u>	<u>\$ 417,292</u>

6. TEMPORARILY RESTRICTED NET ASSET RESTRICTIONS

Temporarily restricted net assets are subject to restrictions limiting the Foundation's use of the contributed assets to later periods or after specific dates (time restrictions), special purposes (purpose restriction), or both. Temporarily restricted net assets at June 30, 2018 and 2017 are subject to the following restrictions:

	<u>2018</u>	<u>2017</u>
<u>Time Restrictions</u>		
Contributions receivable - charitable remainder trusts	\$ 188,929	\$ 185,939
Assets held in charitable remainder trusts	<u>-</u>	<u>86,207</u>
Total Grants Payable	<u>\$ 188,929</u>	<u>\$ 272,146</u>

7. SUBSEQUENT EVENTS

The Foundation evaluated all potential subsequent events as of October 1, 2018 when the financial statements were authorized and available to be issued. No subsequent events or transactions were identified after June 30, 2018 or as of October 1, 2018 that require disclosure to the financial statements.



Date: October 23, 2018

To: Board of Directors

Subject: Transfer of \$3M from the Foundation's Operating Account to the
Foundation's Investment Accounts

Recommendation:

Consideration to approve transfer of funds from the Foundation's Operating Account to the Investment Accounts

Background:

- The Foundation presently has approximately \$4M in its Operating bank account, which earns no interest.
- The Foundation has investment accounts with Morgan Stanley and Merrill Lynch which earn a return on investment of approximately 2.9% and 2.4%, respectively.
- Staff requests transfer of \$2M to Morgan Stanley and \$1M to Merrill Lynch.
- At the October 9, 2018 F&A Committee meeting, the Committee recommended forwarding to the Board for approval.

Fiscal Impact:

Interest earned on the \$3M investment



Date: October 23, 2018
To: Board of Directors - Foundation
Subject: CVHIP

Staff Recommendation:

Staff recommends the Board consider for approval:

- Authorize staff to continue to work on behalf of the DHCD/F to structure a mutually beneficial partnership with the Inland Empire Health Plan (IEHP) and the Inland Empire Health Information Organization (IEHIO) to take CVHIP to the next level of service offered to the Coachella Valley.
- Identify an AdHoc Committee to work with staff on a contractual partnership if Board approves a partnership between “ConnectIE” and “CVHIP.”
- Approve staff to continue the marketing of CVHIP through a demographic focus effort to further understand the client user base if the logo and brand are to be maintained.

Background:

- Staff brought forward to the Board (September 25, 2018) the awareness of a similar platform being offered by IEHP and staff would investigate further.
- Staff met with IEHP staff and has determined the ConnectIE platform offers extended services for both the end user and service provider, which is the concept presented with CVHIP 2.0 to the board at the March 27, 2018 Board meeting. ConnectIE offers a resource navigation tool, client profile, income eligibility tool, resource access to keep all information up to date, close loop referral system and data tracking. IEHP has a high interest in partnering with the DHCD/F.
- On January 8, 2018, the IEHP Board approved a 5-year contract with Aunt Bertha, developer of ConnectIE, and has budgeted \$3 million in 2017/18 for the concept of a resource portal.
- Staff recommends continued investigation into a partnership with IEHP and will keep the Board apprised of the progress.
- While staff continues to develop the relationship with IEHP and the potential of consolidating the CVHIP with the ConnectIE platform, staff recommends approval of marketing to further branding.

Fiscal Impact:

- Marketing Budget Phase 2.A is not to exceed \$21,000. November – January 2019
- Partnership with IEHP could potentially alleviate annual fee to Healthify based on preliminary conversations with IEHP staff



CVHIP

Staff supporting documentation:

1. Staff presented to the Board at the September 25 meeting to hold off on continuing the marketing plan until staff had the time to understand the details behind the “ConnectIE” platform funded by the Inland Empire Health Plan (IEHP).
 - a. Staff has met with operations staff and understands the “ConnectIE” platform is to perform the following functions:
 - i. A resource center for the whole of Inland Empire for both healthcare service providers and social safety net programs (bi-direction exchange of information and data);
 - ii. A system to create referrals and close the loop for clients and service providers;
 - iii. A data tracking system – shared data amongst service providers/funders/stakeholders;
 - iv. Purpose-driven to lower the social determinants of health.
 - b. Staff has met with IEHP management and has established a general interest in a potential partnership with the DHCD/F.
 - c. IEHP acknowledged their awareness of CVHIP and the resources that are part of our database.
 - d. IEHP believes that referral and closing the loop are key to the data collection.
 - e. IEHP is committed to funding the platform in perpetuity as long as it is being utilized. (Currently approved under the 2017/18 budget for \$3 million and contract signed with Aunt Bertha for 5 years).
 - f. IEHP sees this platform as a collaborative tool and currently working (contractual) with Inland Empire Health Information Organization (IEHIO) to promote the platform to all health service providers (IEHIO). (Dedicated Staff)
2. The ConnectIE Platform has all the operational functions that District staff proposed to the Board at the March 27 meeting. – CVHIP 2.0 - This system would give our service providers an opportunity to close the loop of services needed by our most vulnerable population. They will be able to track success rates and reporting numbers for services provided.
3. IEHP is open to the following potential concepts:
 - a. Co-branding of home page;
 - b. CVHIP maintaining our own landing page and then it would be redirected to the search engine page;

- c. Our staffing and our community relationships to continue grassroots efforts to promote the portal (potential marketing funding from IEHP);
- d. Our partnership with IEHIO – they will focus on medical providers and we would focus on CBOs;
- e. Joint data-sharing with access to detail zip code information.

Marketing options for the Brand of CVHIP, November – January

Staff continues to work with O’Bayley Communications to understand the current CVHIP marketing results.

Based on the analytics, it has been determined the home page lacks a call to action. There is also a lack of data to understand who is using the service and how we attract key demographics of our community. Based on the Board’s decision on the potential for partnership with IEHP and the importance of maintaining the local brand of CVHIP:

- 1. Staff recommends the redesign of the landing page – this new look and feel will be carried over to the collateral. -- \$2,500.
- 2. Phase 2A ad campaign and market segmentation – \$18,000.
 - a. Media:
 - i. Print – local distribution (Tidbits, CVWeekly, La Prensa, EI Informador);
 - ii. Digital – geo-fencing (pre-identified areas such as health fair events, grocery stores, locations of service providers/ parks) locations driven by analytics from the search engine showing high demand “binders” i.e. food, shelter, housing;
 - iii. Radio – interviews;
 - iv. Sunline Transit Bus wraps.
- 3. Grassroot staff support – outreach events and presentations to service providers:
 - a. Program Officer and Outreach Director – Alejandro Espinoza at .35 FTE (\$8,489 plus Benefits).

THE AUNT BERTHA PLATFORM

The Aunt Bertha Platform allows your team and your beneficiaries to quickly and easily build awareness of services available to them and access those services, while allowing your staff to *assist* with service access and *align* community resource programs to be responsive to the needs of your beneficiaries.

With hundreds of programs in every ZIP code, your beneficiaries and staff can search using our online interface and make referrals to programs that help with food, shelter, utilities, supportive care, education, transportation, child care and more. Staff who work with beneficiaries facing complex social needs are able to screen for social determinants of health, identify social needs and the programs that can address them, follow up on referrals they - or beneficiaries - make, and ensure that they close the loop on referrals and record navigation activities, meeting the needs of both tracks in the Accountable Health Communities (AHC) program.

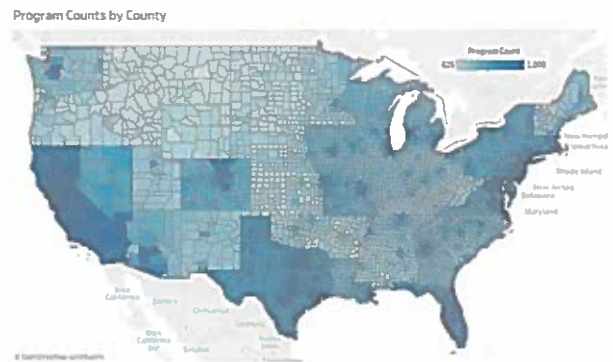
AHC TOOLS

The Aunt Bertha Platform is an easily accessible resource for your staff and beneficiaries. It is available online from any device, so whether your staff works from the office or is meeting beneficiaries in other locations, the service is readily available. It enables your staff to quickly and easily find appropriate social needs interventions and empowers your beneficiaries to find the programs they need on their own, from the privacy of their own home.

The Aunt Bertha Platform allows your team to work within all tracks of the Accountable Health Communities program.

Making beneficiaries aware of and giving them ACCESS to program data:

- **Program Data – Data Operations** is Aunt Bertha’s most significant investment. The extensive data in the Aunt Bertha Platform provides access to hundreds (and often thousands) of programs in every ZIP code in the United States based on geographic coverage. A person living in a specific neighborhood will not only see the programs that are based near them, they will also be able to see any programs available to their geographic area. The programs are identified through a proprietary algorithm, confirmed by a human (our data team) before being added to the database and then continually verified by the large data operations team at Aunt Bertha.
- **Program Search Usability** – The search and referral platform is specifically designed to meet the needs of the end-users and is verified through ongoing review and onsite visits with the users of the tools. The platform is compliant with national standards for accessibility (WCAG 2AA compliant), and also can be immediately translated into 100+ languages using the Google Translate feature.



We have program data in every zip code in the US.

Advanced functionality allows your staff to ASSIST beneficiaries with program connections

The platform contains the tools necessary for your staff to effectively navigate beneficiaries through social needs programs, manage the referral process and close the loop, and ensure that notes on program information and effectiveness are shared with the entire team.

- **A screening tool** provides clients a configurable assessment screener that can be filled out by your staff, or by your beneficiaries, to assess their social determinants of health. When the assessment screener is submitted beneficiaries are risk-stratified and randomized as necessary, while Aunt Bertha generates a Community Referral Summary backed by personalized search results based on the beneficiary's health-related social needs as identified in their screener responses.
- **A navigation management system** allows your staff to track navigation activities and progress on health-related social needs. Staff can also make referrals on behalf of beneficiaries, or beneficiaries can self-refer to programs that meet their needs. All involved parties can view and manage the referral in the system. The referrals can also be shared among your staff members, so anyone who is assisting that beneficiary can see the history.

Allows your team to ALIGN with community partners

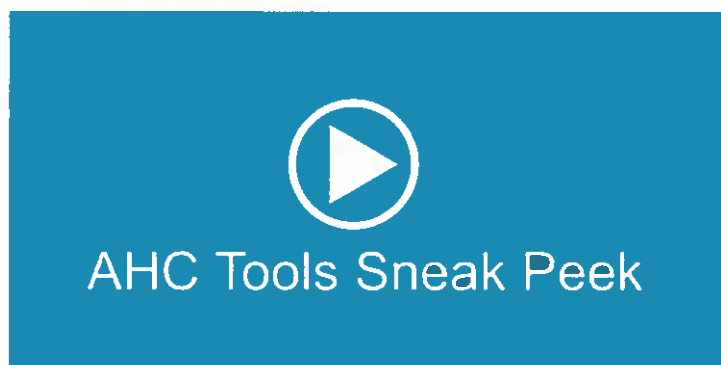
Aunt Bertha proactively engages with the community leaders whose programs are in the database in order to develop their program's ability to accept applications and manage their referrals through the Aunt Bertha Platform. Your team can extend this program, reaching out to your community partners to make sure they are engaging in developing an application and/or accepting referrals. You can also work with your community partners to ensure that referral status is updated in order to "close-the-loop" on referrals you made.

BENEFITS

The Aunt Bertha team is committed to maintaining the most comprehensive program database available and designing interfaces and functions with your staff and beneficiaries in mind, as well as their dedication to providing tools that make it easier for your staff to guide beneficiaries through programs to address their needs. With the Aunt Bertha Platform you are not only able to meet the Accountable Health Communities requirements, but you are also able to:

- **Reduce Utilization and Cost** - By connecting people to programs that address the social determinants of health you can help to ensure your beneficiaries' overall well-being and alleviate health risks associated with social needs.
- **Work Systematically** - Your team will be more efficient by using the Aunt Bertha Platform to find programs, share favorite programs, share referrals made on behalf of beneficiaries, and follow up on referral outcomes. The time previously spent searching for resources can now be spent helping those with the most complex needs and providing better services for your beneficiaries with less time of staff.
- **Measure Impact** - The advanced reporting available from your implementation of the Aunt Bertha Platform gives your team a detailed picture of the need faced in your area and allows you to see the type and frequency of referrals your team is making to alleviate these needs.

[This video](#) illustrates tangibly what Aunt Bertha is building for AHC Grantees. Everything is subject to change, but this will give you an idea where we are going.



AUNT BERTHA PLATFORM FEATURES

SOCIAL SERVICE SEARCH PLATFORM

Security and Hosting

- HIPAA compliant secure hosting
- Custom Branded Domains
- Custom Private Domains

Ease of Use

- Search & Interface Built for Finding Programs Quickly
- Concise Program Info Explains Who, What, When, Where & How to Access Programs
- Language Translation (100+)
- Web Content Accessibility (fully WCAG 2AA compliant)

Program Search

- Nationwide Program Information
- Ongoing Addition of New Programs Nationwide
- Regular Review of All Program Data
- Localized Search
- Search Results Filtered by Category, Keyword, Synonyms, Client Eligibility, Demographic Info
- Map View & Directions
- Suggest a Change or Program

Interface Customization

- Custom Logos
- Custom Text on Landing Page
- Custom Category Bar Color
- Separate Sites for Team Members & Beneficiaries

Third Party Integrations

- Single Sign On (SSO)
- Custom Search Widget
- API Integrations
- EPIC and Altruista Integrations (additional cost)

SCREENING, REFERRALS, & NAVIGATION

Smart Screening Tools

- Register beneficiaries during the screening process
- System prevents duplicate beneficiary records
- Screener determines needs and best-fit programs
- Automatically risk stratifies & randomizes beneficiaries for Referral Summary and Navigation
- Automatically identifies health-related social needs and generates Community Referral Summaries

Navigation & Referrals

- One-Click Text, Email, Print Program Information
- Empower Beneficiaries Via Self Service
- Track navigation activity and status of social needs
- Make Electronic Referrals
- Track Referral Status

Advanced Program Search Features

- Save Programs Into Favorites Folders
- Additional Program List Processing
- Expanded Program Buildout for Local Area
- Guided Search by Camden Coalition
- Live Search Help (Additional Cost)

Advanced Interface Customization

- Configurable Taxonomy & Category Bar
- Custom Program Listings
- Custom Search Results Sort
- Customize Guided Search by Camden Coalition

Team & Sharing Features

- Unlimited Users
- Unlimited Groups
- Create and Share Unlimited Favorite Folders
- Share Program Reviews
- Collaborate and Share Referrals

COMMUNITY ALIGNMENT

Referrals & Applications

- Empower Community Partners to Receive and Manage Online Referrals
- Community Partners Can Create Applications
- Community Partners, Beneficiaries, and Staff Can Check Application Status Online

Reporting & Customer Support

- Program-specific Reports for Community Partners
- Platform Training for Community Partners

OVERARCHING SUPPORT

Reporting & Insights

- 40 Reports Across 8 Reporting Suites Including Search History, Program Inventory, User Engagement, Referral Activity, and more
- Interactive Reporting Tools for High-Level Overviews and In-Depth Analysis
- Custom Reports & Insights (additional cost)

Customer Support

- Online Help Desk + General Email Support
- Phone Support
- Weekly Webinar-Based Training
- Trainings Eligible for Staff Continuing Ed
- Private Webinar Training and Training Video
- Media and Marketing Portal
- Branded Media and Marketing Portal
- Tools + Support to Drive Provider Engagement
- Project Manager for Platform Launch
- Ongoing Dedicated Client Success Manager
- Monthly Strategy Sessions & Long-Term Support



May 1, 2018 to October 14, 2018

Audience Overview

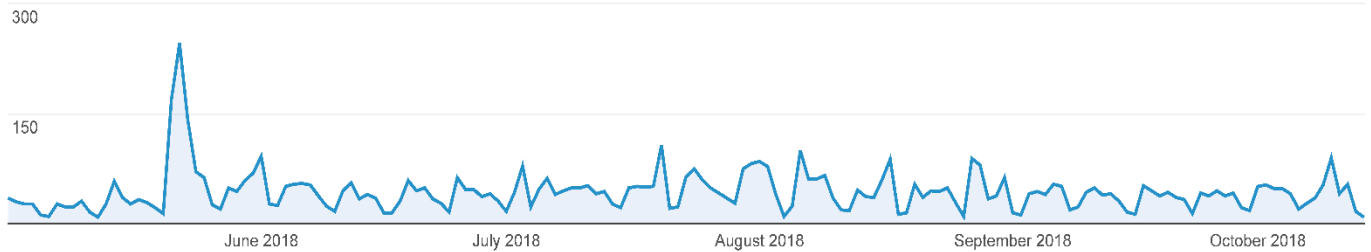
Audience Overview

May 1, 2018 - Oct 14, 2018



Overview

● Users



Users

6,103



New Users

6,019



Sessions

8,047



Number of Sessions per User

1.32



Pageviews

26,496



Pages / Session

3.29



Avg. Session Duration

00:02:16

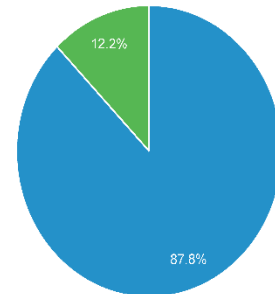


Bounce Rate

60.78%



■ New Visitor ■ Returning Visitor





Specific Page Views

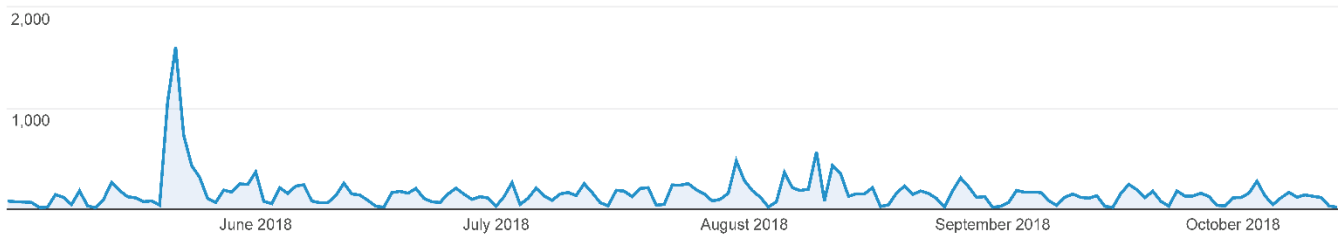
Pages

All Users
100.00% Pageviews

May 1, 2018 - Oct 14, 2018

Explorer

Pageviews



Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	26,496 % of Total: 100.00% (26,496)	19,752 % of Total: 100.00% (19,752)	00:00:59 Avg for View: 00:00:59 (0.00%)	8,047 % of Total: 100.00% (8,047)	60.78% Avg for View: 60.78% (0.00%)	30.37% Avg for View: 30.37% (0.00%)	\$0.00 % of Total: 0.00% (\$0.00)
1. /	4,940 (18.64%)	2,851 (14.43%)	00:00:58	2,718 (33.78%)	32.56%	28.87%	\$0.00 (0.00%)
2. /binders/4087/food-assistance	254 (0.96%)	160 (0.81%)	00:00:38	73 (0.91%)	32.88%	21.26%	\$0.00 (0.00%)
3. /locations/riverside-county/cooling-center-well-in-the-desert	232 (0.88%)	205 (1.04%)	00:01:44	203 (2.52%)	77.83%	77.59%	\$0.00 (0.00%)
4. /locations/county-of-riverside-department-of-public-health/women-infants-and-children-wic-indio-wic	206 (0.78%)	184 (0.93%)	00:04:50	183 (2.27%)	90.16%	88.35%	\$0.00 (0.00%)
5. /locations/riverside-county-department-of-mental-health/full-service-partnership-fsp-adult-program-desert-fsp-adult	198 (0.75%)	182 (0.92%)	00:04:40	180 (2.24%)	87.22%	86.87%	\$0.00 (0.00%)
6. /binders/4073/diabetes	194 (0.73%)	140 (0.71%)	00:00:30	70 (0.87%)	24.29%	13.92%	\$0.00 (0.00%)
7. /binders/4413/scholarships	185 (0.70%)	116 (0.59%)	00:00:37	84 (1.04%)	30.95%	24.32%	\$0.00 (0.00%)
8. /h/4550556.html	176 (0.66%)	173 (0.88%)	00:06:21	173 (2.15%)	98.27%	98.30%	\$0.00 (0.00%)
9. /binders/4086/low-income-services	150 (0.57%)	109 (0.55%)	00:00:39	15 (0.19%)	46.67%	11.33%	\$0.00 (0.00%)
10. /binders/4081/english-as-a-second-language-esl	146 (0.55%)	97 (0.49%)	00:01:40	83 (1.03%)	34.94%	31.51%	\$0.00 (0.00%)



Number of Sessions per Visitor

Frequency & Recency

May 1, 2018 - Oct 14, 2018

All Users
100.00% Users (100.00% Sessions)

Distribution

Count of Sessions

Sessions

8,047

% of Total: 100.00% (8,047)

Pageviews

26,496

% of Total: 100.00% (26,496)

Count of Sessions	Sessions	Pageviews
1	6,023	18,199
2	806	2,316
3	293	1,218
4	172	657
5	113	345
6	81	240
7	69	215
8	57	231
9-14	194	848
15-25	140	837
26-50	95	1,366
51-100	4	24

Session Duration per Visit

Engagement

May 1, 2018 - Oct 14, 2018

All Users
100.00% Users (100.00% Sessions)

Distribution

Session Duration

Sessions

8,047

% of Total: 100.00% (8,047)

Pageviews

26,496

% of Total: 100.00% (26,496)

Session Duration	Sessions	Pageviews
0-10 seconds	5,054	5,242
11-30 seconds	422	1,080
31-60 seconds	456	1,454
61-180 seconds	863	4,090
181-600 seconds	753	6,319
601-1800 seconds	401	4,426
1801+ seconds	98	3,885



User Device

Overview

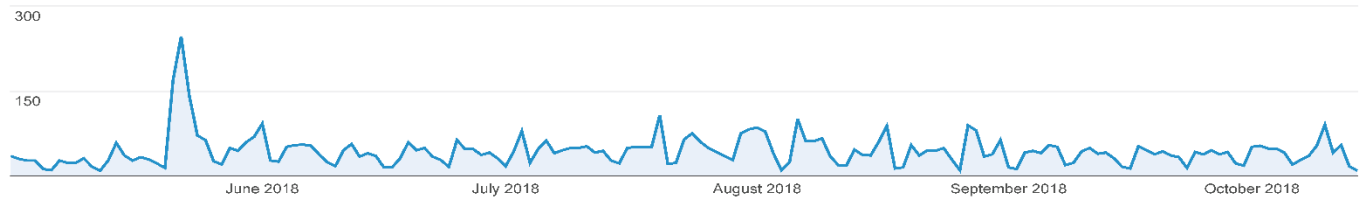
All Users
 100.00% Users

May 1, 2018 - Oct 14, 2018

Explorer

Summary

Users



Device Category	Users	Users
	6,103 % of Total: 100.00% (6,103)	6,103 % of Total: 100.00% (6,103)
1. desktop	3,136	51.45%
2. mobile	2,517	41.30%
3. tablet	442	7.25%

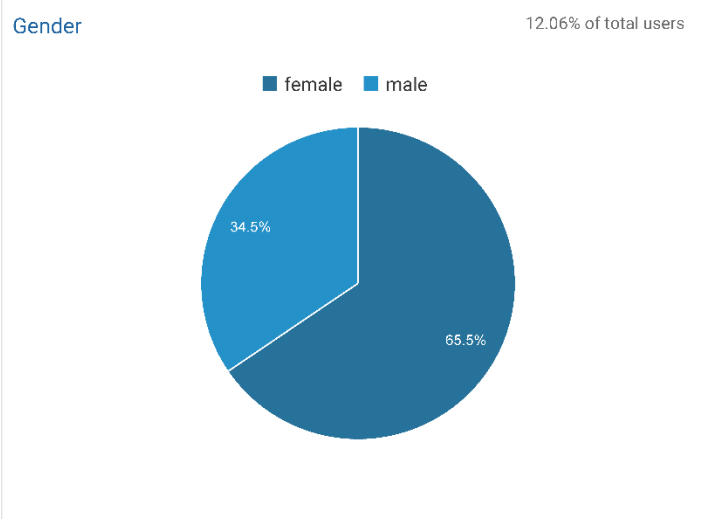
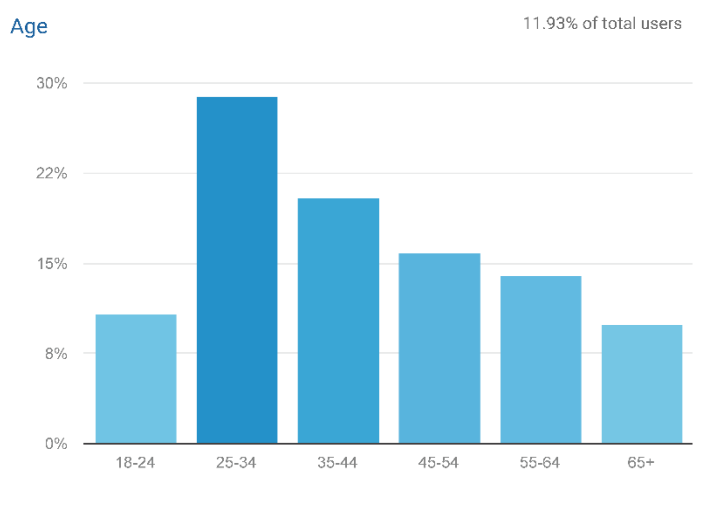
User Demographics

Demographics: Overview

All Users
 100.00% Users

May 1, 2018 - Oct 14, 2018

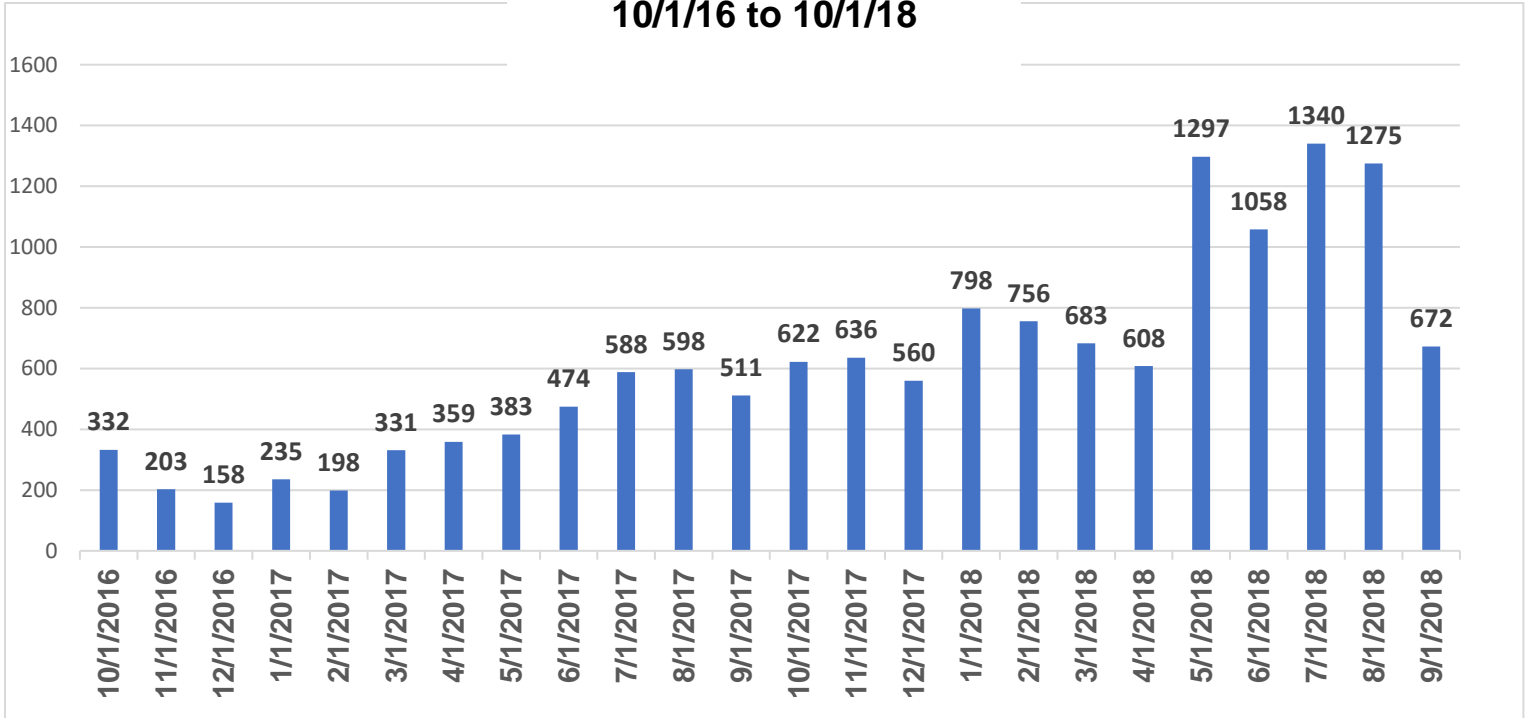
Key Metric:





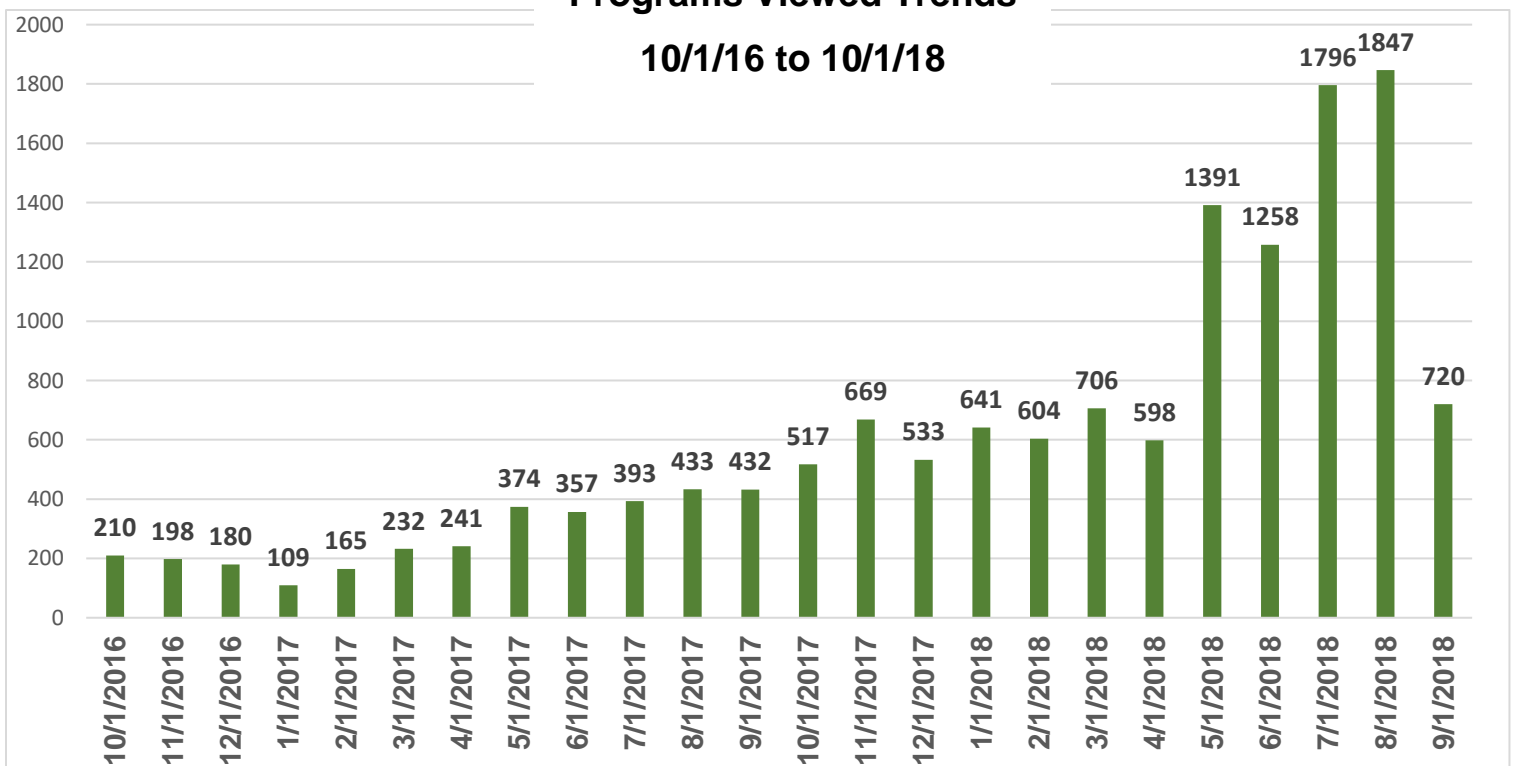
Number of User Trends

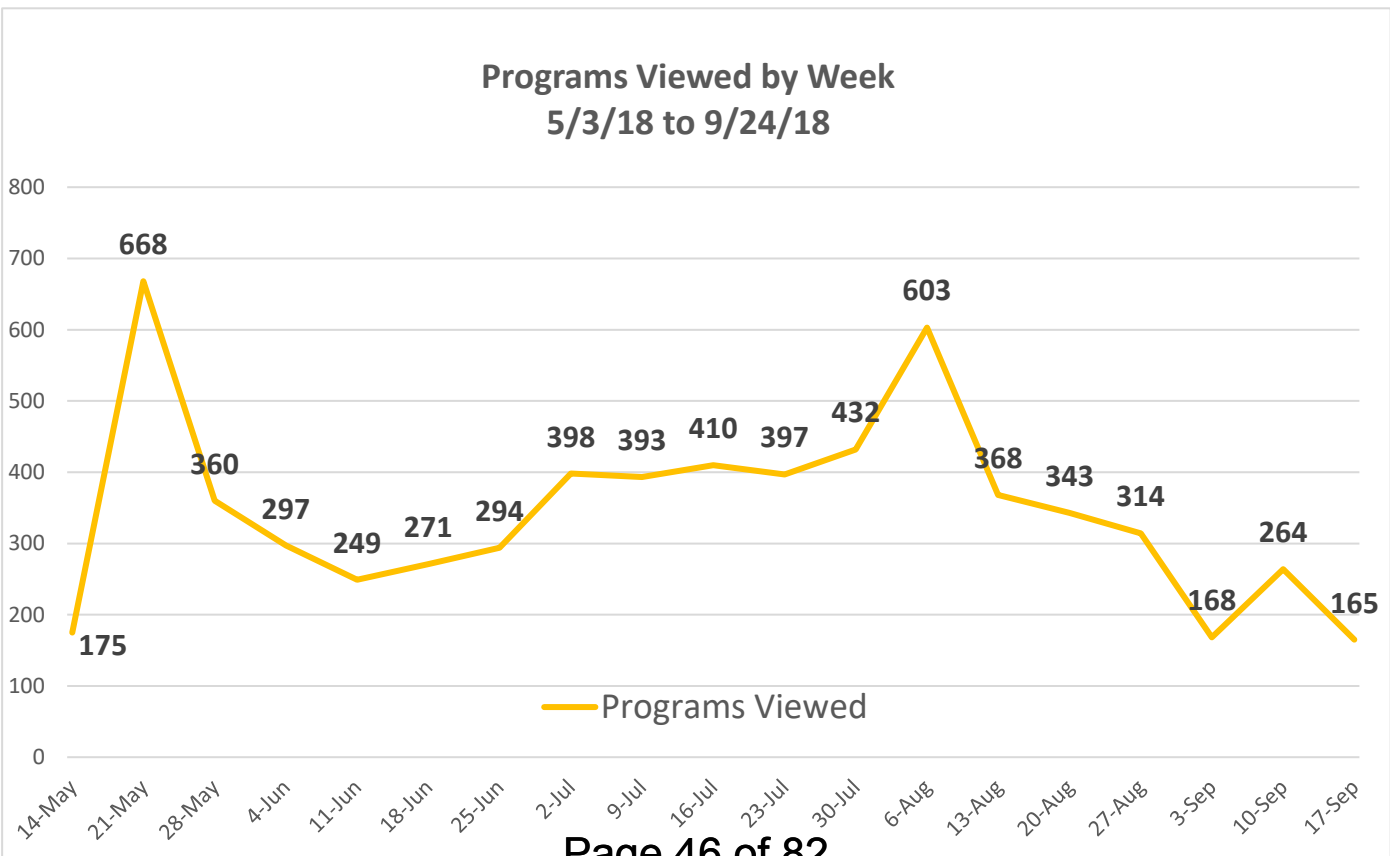
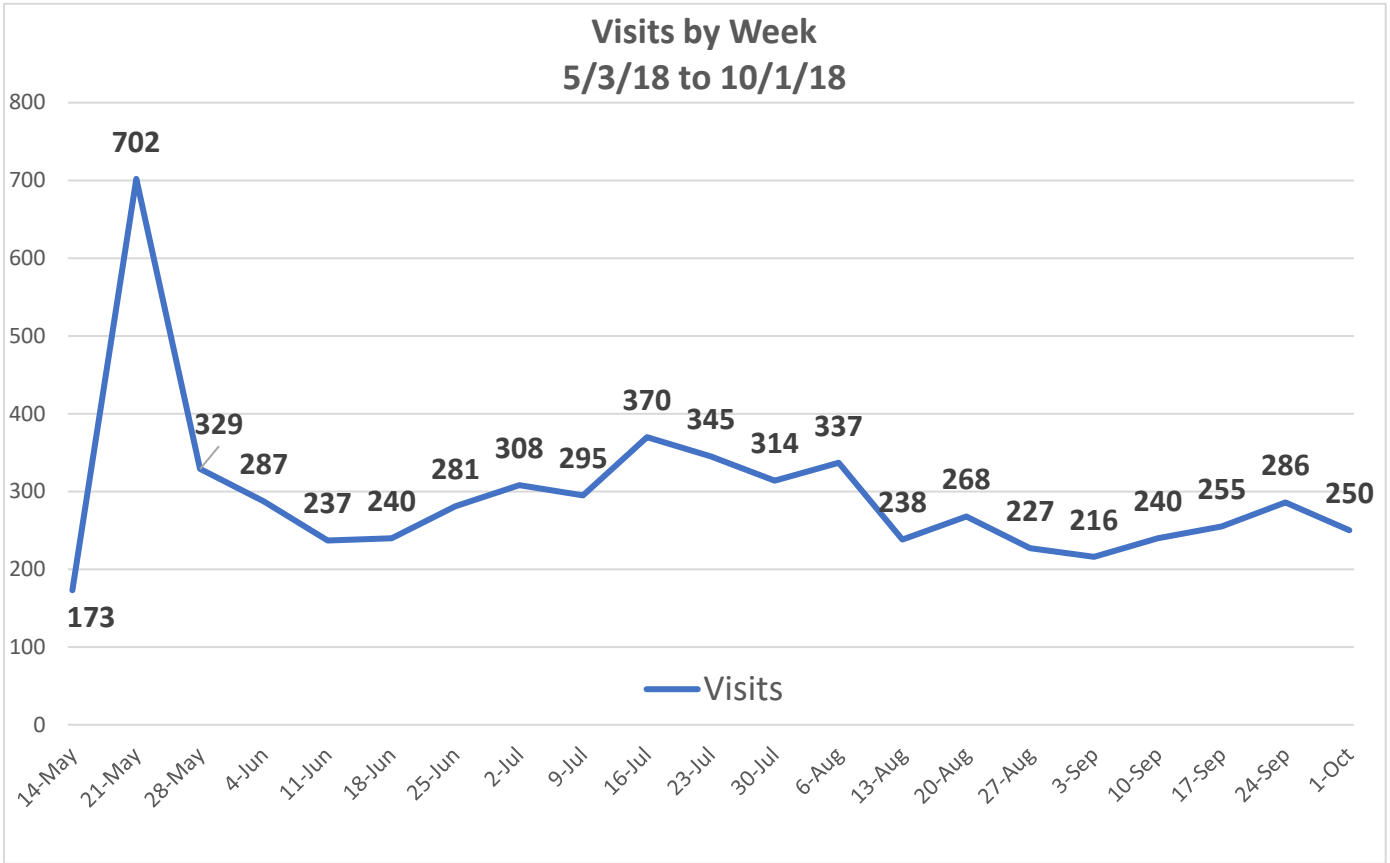
10/1/16 to 10/1/18



Programs Viewed Trends

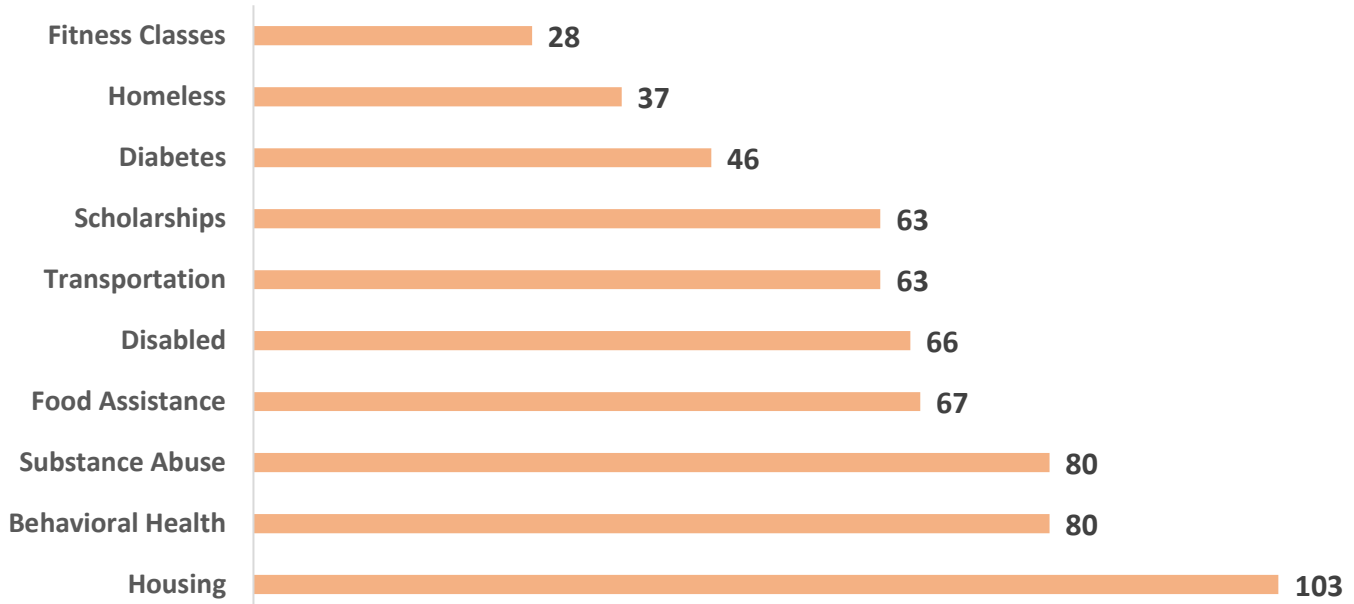
10/1/16 to 10/1/18



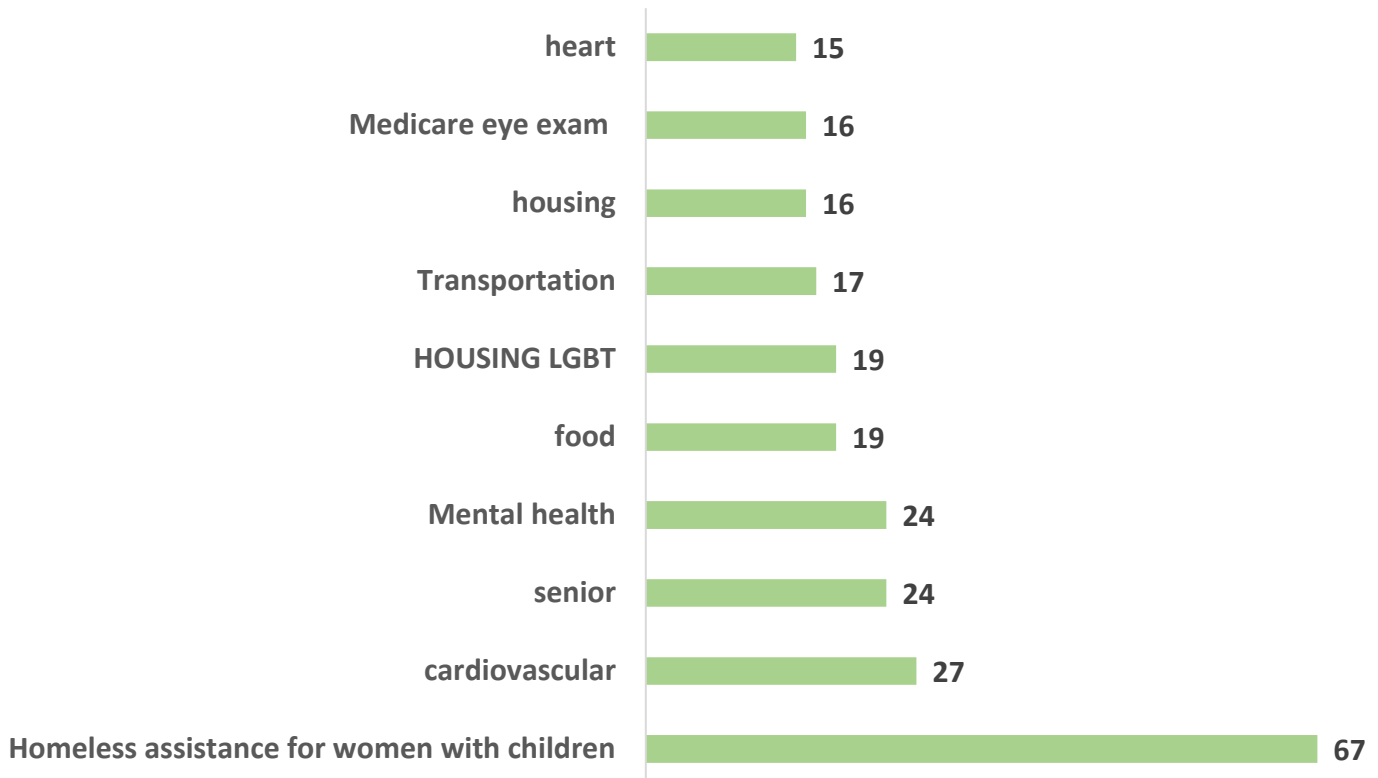




Most Popular Binders (Last 30 days)



Top Search Terms (Last 30 days)





Staff Activities (On-going)

- Included #CVHIP in Facebook posts starting in mid-July (July13)
- Facebook posts highlighting CVHIP on June 22, July 20 and July 24.
- CVHIP presentations/trainings:
 - May 31 (YMCA, CVRM, and All About Families)
 - June 7 (HARC Wellness Awards)
 - June 8 (GCVCC luncheon)
 - July 20 (Volunteers In Medicine and 417 Recovery)
 - July 25 (Coachella Senior Center)
 - August 1 (Future Physicians Leaders)
 - August 3 (Back to School night: James O Jessie Center)
 - August 6 (Desert Aids Project-Case Managers)
 - August 8 (RUHS-Behavioral Health-Social Workers)
 - August 15 (PSUSD Open Enrollment event)
 - August 17 (Volunteers In Medicine staff training)
 - August 28 (Dream Homes Community Forum presentation)
 - August 29 (Desert Welcome Luncheon)
 - August 30 (Healthy Indio event)
 - September 5 (RUHS TAY Collaborative presentation)
 - September 18 (Momma's House-Case Managers)
 - September 19 (Clinicas de Salud del Pueblo-Providers)
 - September 21 (Coachella Valley Rescue Mission-Case Managers)
 - September 24 (Palm Springs Sustainability Commission)
 - September 29 (Flying Doctors Event)
- Other meetings have been held with local community-based organizations since late May to review their profile, but those meetings only involved one staff member.



Date: October 23, 2018
To: Board of Directors - Foundation
Subject: Ready Set Swim Program

Staff recommendation:

Consideration to accept \$136,000 from the Desert Healthcare District to fund the Ready Set Swim Program 2018-19.

Background:

- The Desert Healthcare Foundation, through a collective fund from the Desert Healthcare District and the Palm Springs Mayor's Race, has administered a Ready Set Swim program for 4 years.
- Additional funding is required for continuing the program.
- At the September 25, 2018 Board Meeting – staff brought forth the challenges of a proposed grant request from the Desert Recreation District.
- The Board directed staff to determine an alternative solution, including maintaining the program in-house, to ensure the program would continue with a budget not to exceed \$145,000.
- Staff developed a plan to continue the program and to be able to start on time, effective October 22, 2018.
- A grant request in the amount of \$136,000 from the Desert Healthcare District to the Desert Healthcare Foundation is presented for consideration for approval of the Board at the October 23, 2018 Board meeting.
- Staff recommends acceptance of the \$136,000 grant from the Desert Healthcare District.

Fiscal Impact:

Estimated – Net zero dollars.
\$136,000 revenue and \$136,000 expense.

INDEPENDENT CONTRACTOR AGREEMENT

This Independent Contractor Agreement ("Agreement") is made and entered into by **DESERT HEALTHCARE FOUNDATION**, a California healthcare district organized and operating pursuant to Health & Safety Code section 3200 et seq. (the "Agency") and **DESERT RECREATION DISTRICT** ("Contractor")

RECITALS

A. The Agency is engaged in the business of providing funding for programs/projects that advance health and wellness to District/Foundation residents.

B. The Contractor provides recreational services to more than 380,000 residents throughout the Greater Coachella Valley. In addition, the Contractor creates and delivers quality programs, services and classes; and, facilitates leisure opportunities through partnerships that encourage residents to engage in healthy lifestyles and wellness activities

C. The Agency desires to utilize Contractor's services for specific projects on the terms and conditions set forth in this Agreement.

NOW, THEREFORE, the parties agree as follows:

1. **Engagement and Scope of Services. (Exhibit A and Lesson Schedule)**

(a) **Engagement:** The Agency hereby retains the services of Contractor and Contractor hereby agrees to provide the services described in Exhibit A, and such other services as requested in writing from time to time by an authorized representative of the Agency, in accordance with the terms and conditions of this Agreement.

(b) **Extent of Services:** Contractor shall be available to render services as described in Exhibit A or as requested by the Agency. The Agency expects the initial assignment described in Exhibit A (scheduled agreed to and provided by the Agency), but nothing in this Agreement shall entitle Contractor to provide or obligate the Agency to request any specific minimum or maximum number of hours or days of services. Contractor shall be free to provide services to other clients during the term of this Agreement provided this does not impair Contractor's ability to fulfill its obligations under this Agreement or create a conflict of interest with the Agency.

(c) **Skill and Ability:** All services performed by Contractor shall reflect first class workmanship and attention to detail. Contractor represents and warrants that it has the requisite skill, ability, training, licenses, and other qualifications necessary or

customarily required to perform such services in accordance with the best practices in the industry and all applicable laws and customs.

(d) **Accounting:** Upon request by the Agency, Contractor shall provide the Agency with an accurate accounting of all services performed or in progress under this Agreement.

2. Years of Engagement and Termination

Contractor's engagement with the Agency shall commence **October 15, 2018** and shall continue until **June 14, 2019** or until the services requested by the Agency are completed, but either party may terminate Contractor's engagement (a) immediately in the event of a breach of this Agreement or other just cause, or (b) at any time without a breach or just cause upon ten (10) days written notice.

3. Compensation.

(a) **Fees: Not to exceed \$80,000 (Exhibit B)**

(b) **Expenses:**

(c) **No Other Benefits:** The Agency shall not be responsible for and Contractor shall not be entitled to the payment of any other compensation or other amounts to the Contractor. Under no circumstances shall Contractor be eligible for or entitled to any of the compensation or benefits that the Agency may provide to its employees, either as required by law or pursuant to Agency policy or practice, including but not limited to bonus and incentive compensation; overtime pay or meal and rest period premiums; vacation, sick leave, holiday, or other paid time off; retirement, profit sharing or 401k; medical, dental, vision, life, disability, or other insurance; severance pay; stock options, stock grants or other equity participation; or workers compensation, unemployment insurance, or disability insurance. Contractor specifically acknowledges that its principals shall not be eligible for unemployment insurance even if this Agreement is terminated without cause.

(d) **Taxes:** The Agency shall report all compensation paid to Contractor under this Agreement on Form 1099. Contractor shall be solely responsible for all taxes, penalties, or interest due with respect to all such compensation, and shall defend and indemnify the Agency for any such taxes, penalties or interest.

(e) **Termination.** Upon termination of this Agreement for any reason, the Agency's only obligation shall be to pay the compensation and expenses owing under this Agreement for authorized services actually rendered by Contractor prior to the date of termination.

4. Independent Contractor Status.

(a) In performing any and all services to the Agency, Contractor shall function strictly as an independent contractor and shall not be deemed an employee, partner, joint venture, agent, or principal of the Agency. Contractor shall have no authority to bind Agency, enter into contracts, or authorize expenditures without the prior written authorization of the Agency. Contractor shall be solely responsible for providing any benefits as required by law, contract, or policy to any employees of the Contractors. The Agency is only responsible for compensating for benefits as outlined in Exhibit B.

(b) Contractor shall be solely responsible for all obligations imposed by law or contract as the employer of any personnel to whom Contractor delegates the performance of services under this Agreement, including but not limited to compliance with all state and federal laws concerning payroll and recordkeeping, wage and hour, employee benefits, safety and health, equal employment opportunity and unlawful harassment or discrimination, or termination of employment. Contractor shall defend and indemnify the Agency and its officers, directors, employees, and agents from any claim or liability asserted against the Agency by any personnel of Contractor arising from or relating to the performance of services under this Agreement.

(c) To the extent Contractor and its personnel interact with employees of the Agency or perform services at the Agency or its customers' locations, Contractor and its personnel shall comply with all rules and policies of the Agency that apply generally to all business visitors, concerning safety and health, equal employment, unlawful harassment, substance abuse and personal conduct.

5. Confidential Information.

(a) At all times during and after the term of this Agreement, Contractor shall hold in strictest confidence any information which is not legally available to the public as public information as the Agency is a public agency.

(b) Additionally, as a public agency, all Contractor information, data, communications, contracts, fees provided to the Agency under this Agreement are available to the public and not classified as confidential.

6. Compliance with Law:

Contractor shall comply with all applicable laws and regulations in performing services under this Agreement, including but not limited to those concerning food safety, ethical marketing practices, and consumer protection.

7. Indemnity:

Contractor shall defend and indemnify the Agency and its officer, directors, employees, agents, successors, and assigns from all claim and liabilities (including attorneys' fees and costs) that arise from or are related to any breach of this Agreement by Contractor or any negligent or wrongful act or omission of Contractor and its personnel, including but not limited to claims for death or personal injury involving the Contractor's use or operation of any motor vehicle or equipment.

8. Insurance:

At all times during and for a reasonable period of time after the term of this Agreement, Contractor shall procure and maintain adequate general liability insurance covering all aspects of the services rendered under this Agreement, including but not limited to adequate automotive liability insurance covering any use or operation of any motor vehicle. Contractor shall be solely responsible for procuring and maintaining any insurance required or customarily provided to Contractor's employees, including but not limited to group medical, life, disability, accidental death and dismemberment, workers compensation and unemployment insurance.

9. Returning Agency Documents and Transition of Business:

Upon termination of this Agreement for any reason, or upon request by the Agency at any time, Contractor shall return unconditionally to the Agency all documents and files (including originals and copies, whether on paper or electronic), equipment supplies, and all other property of any kind that belongs to the Agency or came into Contractor's possession in the course of performing services under this Agreement. Upon request, Contractor shall also present a written accounting of all services performed and business transacted under this Agreement. Contractor shall cooperate in good faith with the Agency to assure an orderly transition of business under this Agreement following termination.

10. Miscellaneous.

(a) **Notices.** Any notice required under this Agreement may be personally delivered or sent by facsimile, pdf, email or first-class mail to the following addresses:

- | | |
|---|---|
| <p>(i) If to the Agency:
<i>Desert Healthcare District
1140 North Indian Canyon Drive
Palm Springs, CA 92262
Attn: Chris Christensen, Interim CEO</i></p> | <p>(ii) If to the Contractor:
<i>Desert Recreation District
45-305 Oasis Street
Indio, CA 92201
Attn: Maureen Archuleta, Comm Svcs Sprvsr</i></p> |
|---|---|

(b) **No Waiver.** If any party fails to object to a breach of this Agreement, that party shall not be precluded from objecting to any future breach.

(c) **Governing Law.** This Agreement has been made and entered into in the State of California and shall be construed in accordance with the laws of the State of California.

(d) **Severability.** If any provision of this Agreement is declared void for any reason, all other provisions shall remain in effect.

(e) **Captions.** The various captions of this Agreement are for reference only and shall not be considered or referred to in resolving questions or interpretation of this Agreement.

(f) **Attorneys' Fees.** If any legal action is necessary to enforce or interpret this Agreement, the prevailing party shall recover its costs and attorneys' fees.

(g) **Assignment.** Contractor may not assign his rights, obligations or duties under this Agreement without the express written consent of the Agency. This Agreement shall inure to the benefit of and be binding upon any successor or assign of the Agency.

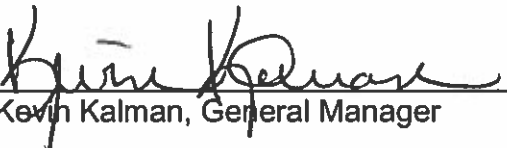
Signature Page:

Agency:

By: 
Its: Chris Christensen, Interim CEO

Date: 10/12/18

Contractor:

By: 
Its: Kevin Kalman, General Manager

Date: 10/11/18

EXHIBIT A

Period beginning approximately October 15, 2018 through June 15, 2019

1. Prior to the commencement of the program in October 2018 the Desert Recreation District will ensure the Ready, Set, Swim program staff including the Aquatics Specialist, Pool Manager, Lifeguards, and Swimming Instructors are properly trained on the American Red Cross: Learn to Swim curriculum and monitor all current certifications and/or licenses associated with the program to prevent certification lapses and ensure all staff maintain an active certification/license.
2. The Desert Recreation District will provide adequate staffing for all Ready, Set, Swim activities. Staffing should include 1- Aquatic Specialist; 1- Pool Manager; 4-Lifeguards/Swimming Instructors at the swimming facility supervising all program related activities.
3. Each activity day the Desert Recreation District staff will provide logistical support to the Boys and Girls Club of Palm Springs and/or the Desert Hot Springs Wellness Center staff with the supervision of the participating children during the transition from the swimming facility to the designated area for the nutrition education classes and/or activity area. This includes program staff arriving 30-minutes before the start of the program and leaving 30-minutes after the conclusion of the program.
4. Desert Recreation District staff will conduct a daily "walk-through" of the swimming facility to ensure all program areas are safe for use including monitoring pool water ph-levels, pool water temperature, and locker rooms. Any discrepancies should be reported to the Desert Healthcare District- Program Coordinator, who will notify the Boys and Girls Club of Palm Springs or City of Desert Hot Springs for immediate action.
5. Cancellation of swimming classes will be allowed ONLY if there is inclement weather, the water temperature is outside the American Red Cross recommended 83°-89° or water ph-levels are below or above the recommended 7.4 to 7.6. If swimming classes are canceled, Desert Recreation District staff will have alternative planned activities which will be held in the activity rooms within the Boys and Girls Club of Palm Springs or Desert Hot Springs Wellness Center.

6. At the start (lesson #1) and end (lesson #8) of each swimming cohort the Desert Recreation District staff will conduct a swimming skills test on all participating children using the American Red Cross: Swim to Learn- skills checklist to measure the participating children swimming skills from pre to post-test.
7. From pre-to-post test a minimum of **80%** of the participating children in each swimming cohort would have demonstrated an increase of at least four swimming skills.
8. All skills checklists and attendance lists will be submitted by the Aquatics Specialist to the Desert Healthcare District-Program Coordinator no later than 2 business days after the completion of each swimming cohort.



Palm Springs & Cathedral City Schedule: 2018/2019

Cielo Vista Charter School								
Lesson	1	2	3	4	5	6	7	8
Date	Monday 10/22/18	Tuesday 10/23/2018	Wednesday 10/24/2018	Thursday 10/25/2018	Friday 10/26/2018	Monday 10/29/2018	Tuesday 10/30/2018	Thursday 11/1/2018
Bus Pick-up Time	2:50pm	2:50pm	1:00pm	2:50pm	2:50pm	2:50pm	2:50pm	2:50pm
Cahuilla Elementary School								
Lesson	1	2	3	4	5	6	7	8
Date	Friday 11/2/2018	Tuesday 11/13/2018	Wednesday 11/14/2018	Thursday 11/15/18	Friday 11/16/18	Monday 11/26/2018	Tuesday 11/27/2018	Wednesday 11/28/2018
Bus Pick-up Time	3:30pm	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm
Katherine Finchy Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Thursday 11/29/2018	Friday 11/30/2018	Monday 12/3/2018	Tuesday 12/4/2018	Wednesday 12/5/2018	Thursday 12/6/2018	Friday 12/7/2018	Monday 12/10/2018
Bus Pick-up Time	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm
Vista Del Monte Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Tuesday 12/11/2018	Wednesday 12/12/2018	Thursday 12/13/2018	Friday 12/14/2018	Monday 12/17/2018	Tuesday 12/18/18	Wednesday 12/19/18	Thursday 12/20/18
Bus Pick-up Time	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm	3:30pm
Agua Caliente Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Monday 1/14/2019	Tuesday 1/15/2019	Wednesday 1/16/2019	Thursday 1/17/2019	Friday 1/18/2019	Tuesday 1/22/2019	Wednesday 1/23/2019	Thursday 1/24/2019
Bus Pick-up Time	2:35pm	2:35pm	12:10pm	2:35pm	2:35pm	2:35pm	12:10pm	2:35pm
Cathedral City Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Friday 1/25/19	Monday 1/28/2019	Tuesday 1/29/2019	Wednesday 1/30/19	Monday 2/4/2019	Tuesday 2/5/2019	Wednesday 2/6/2019	Thursday 2/7/2019
Bus Pick-up Time	3:30pm	3:30pm	3:30pm	12:00pm	3:30pm	3:30pm	12:00pm	2:25pm
Landau Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Friday 2/8/2019	Monday 2/11/2019	Tuesday 2/12/2019	Wednesday 2/13/2019	Thursday 2/14/2019	Tuesday 2/19/2019	Wednesday 2/20/2019	Thursday 2/21/2019
Bus Pick-up Time	2:25pm	2:25pm	2:25pm	12:00pm	2:25pm	2:25pm	12:00pm	2:25pm
Rio Vista Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Friday 2/22/2019	Monday 2/25/2019	Tuesday 2/26/2019	Wednesday 2/27/2019	Thursday 2/28/2019	Friday 3/1/2019	Monday 3/4/2019	Tuesday 3/5/2019
Bus Pick-up Time	2:25pm	2:25pm	2:25pm	12:00pm	2:25pm	2:25pm	2:25pm	2:25pm
Sunny Sands Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Monday 3/11/2019	Tuesday 3/12/2019	Wednesday 3/13/2019	Thursday 3/14/2019	Friday 3/15/2019	Monday 3/18/2019	Tuesday 3/19/19	Wednesday 3/20/19
Bus Pick-up Time	3:30pm	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm



Desert Hot Springs Schedule: 2018/2019

Cabot Yerxa Elementary School								
Lesson	1	2	3	4	5	6	7	8
Date	Thursday 3/21/19	Friday 3/22/19	Monday 3/25/19	Tuesday 3/26/19	Wednesday 3/27/19	Thursday 3/28/19	Friday 3/29/19	Monday 4/1/19
Bus Pick-up Time	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm
Bubbling Wells Elementary School								
Lesson	1	2	3	4	5	6	7	8
Date	Tuesday 4/2/19	Wednesday 4/3/19	Thursday 4/4/19	Friday 4/5/19	Monday 4/8/19	Tuesday 4/9/19	Wednesday 4/10/19	Thursday 4/11/19
Bus Pick-up Time	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm	3:30pm
Bella Vista Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Monday 4/29/19	Tuesday 4/30/19	Wednesday 5/1/19	Thursday 5/2/19	Friday 5/3/19	Monday 5/6/19	Tuesday 5/7/19	Wednesday 5/8/19
Bus Pick-up Time	3:30pm	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm
Two Bunch Palms Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Thursday 5/9/19	Friday 5/10/19	Monday 5/13/19	Tuesday 5/14/19	Wednesday 5/15/19	Thursday 5/16/19	Friday 5/17/19	Monday 5/20/19
Bus Pick-up Time	3:30pm	3:30pm	3:30pm	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm
Julius Corsini Elementary								
Lesson	1	2	3	4	5	6	7	8
Date	Tuesday 5/21/19	Wednesday 5/22/19	Thursday 5/23/19	Friday 5/24/19	Tuesday 5/28/19	Wednesday 5/29/19	Thursday 5/30/19	Friday 5/31/19
Bus Pick-up Time	3:30pm	1:05pm	3:30pm	3:30pm	3:30pm	1:05pm	3:30pm	3:30pm

EXHIBIT B

2018 – 2019 READY SET SWIM PROGRAM – DESERT RECREATION DISTRICT

	Palm Springs Schools	Cathedral City Schools	Desert Hot Springs Schools	Training	Totals	Hourly Rate	Expense Total
Number of Schools	4	5	5		14		
Activity Days (8 per school)	32	40	40		112		
1- Aquatic Specialist (3hrs/day)	114	120	120		354	26.57	\$ 9,405.78
1- Pool Manager (4hrs/day)	152	160	160		472	20.97	\$ 9,897.84
2-Recreation Leader for DHS			160		160	15.28	\$ 2,444.80
4- Lifeguards/Swim Instructors (4hrs/day)	608	640	640		1888	17.33	\$ 32,719.04
Program Logistics 1. Classes of 48 Students - apposed to two cohorts of 40 - meets max requirement 1/6 staff to student ratio 2. One swim crew that will perform the program in the fall through early spring in PS. and the later part of the school year will be in DHS * This will help with staffing challenges (DRD) and weather conditions. 3. The hours have been based swim schedule and PSUSD calendar a. This includes 1 hour transportaion in total per person each day - b. This included the 30 min buffer both before and after class as per this years program. 4. Projected start date will be Monday October 22, 2018 and will go to the end of May. 5. RHUS will still perform the nutrition classes in Palm Springs and our team will do 4 nutrition classes in DHS. (DRD extrastaff included above)							
						Staffing Total	\$ 54,467.46
						30% Benefits	\$ 16,340.24
						Sub Total	\$ 70,807.70
						Staff Uniforms	\$ 500.00
						Cell Phone	\$ 240.00
						Mileage	\$ 2,800.00
						Lifeguard Course	\$ 1,500.00
						Program Exp Sub Total	\$ 5,040.00
						30% Indirect Cost	\$ 1,512.00
						Sub Total	\$ 6,552.00
Facilities Fees will be paid directly via the DHCD. Boys and Girls club Fees will be paid by DHCD						Total (DRD)	\$ 77,359.70

INDEPENDENT CONTRACTOR AGREEMENT

This Independent Contractor Agreement ("Agreement") is made and entered into by **DESERT HEALTHCARE FOUNDATION**, a California healthcare district organized and operating pursuant to Health & Safety Code section 3200 et seq. (the "Agency") and **BOYS AND GIRLS CLUB OF PALM SPRINGS** ("Contractor")

RECITALS

- A. The Agency is engaged in the business of providing funding for programs/projects that advance health and wellness to District/Foundation residents.
- B. The Contractor provides recreational services to more than 5000 children residing in the Palm Springs area. In addition, the Contractor creates and delivers quality programs, services and classes; and, facilitates leisure opportunities through partnerships that encourage residents to engage in healthy lifestyles and wellness activities.
- C. The Agency desires to utilize Contractor's services for specific projects on the terms and conditions set forth in this Agreement.

NOW, THEREFORE, the parties agree as follows:

1. **Engagement and Scope of Services. (Exhibit A)**

(a) **Engagement:** The Agency hereby retains the services of Contractor and Contractor hereby agrees to provide the services described in Exhibit A, and such other services as requested in writing from time to time by an authorized representative of the Agency, in accordance with the terms and conditions of this Agreement.

(b) **Extent of Services:** Contractor shall be available to render services as described in Exhibit A or as requested by the Agency. The Agency expects the initial assignment described in Exhibit A (scheduled agreed to and provided by the Agency), but nothing in this Agreement shall entitle Contractor to provide or obligate the Agency to request any specific minimum or maximum number of hours or days of services. Contractor shall be free to provide services to other clients during the term of this Agreement provided this does not impair Contractor's ability to fulfill its obligations under this Agreement or create a conflict of interest with the Agency.

(c) **Skill and Ability:** All services performed by Contractor shall reflect first class workmanship and attention to detail. Contractor represents and warrants that it has the requisite skill, ability, training, licenses, and other qualifications necessary or

customarily required to perform such services in accordance with the best practices in the industry and all applicable laws and customs.

(d) **Accounting:** Upon request by the Agency, Contractor shall provide the Agency with an accurate accounting of all services performed or in progress under this Agreement.

2. **Years of Engagement and Termination**

Contractor's engagement with the Agency shall commence when contract is approved by the Agency's Board of Directors around **October 15, 2018** and shall continue until **March 31, 2018** or until the services requested by the Agency are completed, but either party may terminate Contractor's engagement (a) immediately in the event of a breach of this Agreement or other just cause, or (b) at any time without a breach or just cause upon ten (10) days written notice.

3. **Compensation. (Exhibit B)**

(a) **Fees: Not to exceed \$28,080.00**

(b) **Expenses:**

(c) **No Other Benefits:** The Agency shall not be responsible for and Contractor shall not be entitled to the payment of any other compensation or other amounts to the Contractor. Under no circumstances shall Contractor be eligible for or entitled to any of the compensation or benefits that the Agency may provide to its employees, either as required by law or pursuant to Agency policy or practice, including but not limited to bonus and incentive compensation; overtime pay or meal and rest period premiums; vacation, sick leave, holiday, or other paid time off; retirement, profit sharing or 401k; medical, dental, vision, life, disability, or other insurance; severance pay; stock options, stock grants or other equity participation; or workers compensation, unemployment insurance, or disability insurance. Contractor specifically acknowledges that its principals shall not be eligible for unemployment insurance even if this Agreement is terminated without cause.

(d) **Taxes:** The Agency shall report all compensation paid to Contractor under this Agreement on Form 1099. Contractor shall be solely responsible for all taxes, penalties, or interest due with respect to all such compensation, and shall defend and indemnify the Agency for any such taxes, penalties or interest.

(e) **Termination.** Upon termination of this Agreement for any reason, the Agency's only obligation shall be to pay the compensation and expenses owing under this Agreement for authorized services actually rendered by Contractor prior to the date of termination.

4. Independent Contractor Status.

(a) In performing any and all services to the Agency, Contractor shall function strictly as an independent contractor and shall not be deemed an employee, partner, joint venture, agent, or principal of the Agency. Contractor shall have no authority to bind Agency, enter into contracts, or authorize expenditures without the prior written authorization of the Agency. Contractor shall be solely responsible for providing any benefits as required by law, contract, or policy to any employees of the Contractors. The Agency is only responsible for compensating for benefits as outlined in Exhibit B.

(b) Contractor shall be solely responsible for all obligations imposed by law or contract as the employer of any personnel to whom Contractor delegates the performance of services under this Agreement, including but not limited to compliance with all state and federal laws concerning payroll and recordkeeping, wage and hour, employee benefits, safety and health, equal employment opportunity and unlawful harassment or discrimination, or termination of employment. Contractor shall defend and indemnify the Agency and its officers, directors, employees, and agents from any claim or liability asserted against the Agency by any personnel of Contractor arising from or relating to the performance of services under this Agreement.

(c) To the extent Contractor and its personnel interact with employees of the Agency or perform services at the Agency or its customers' locations, Contractor and its personnel shall comply with all rules and policies of the Agency that apply generally to all business visitors, concerning safety and health, equal employment, unlawful harassment, substance abuse and personal conduct.

5. Confidential Information.

(a) At all times during and after the term of this Agreement, Contractor shall hold in strictest confidence any information which is not legally available to the public as public information as the Agency is a public agency.

(b) Additionally, as a public agency, all Contractor information, data, communications, contracts, fees provided to the Agency under this Agreement are available to the public and not classified as confidential.

6. Compliance with Law:

Contractor shall comply with all applicable laws and regulations in performing services under this Agreement, including but not limited to those concerning food safety, ethical marketing practices, and consumer protection.

7. Indemnity:

Contractor shall defend and indemnify the Agency and its officer, directors, employees, agents, successors, and assigns from all claim and liabilities (including attorneys' fees and costs) that arise from or are related to any breach of this Agreement by Contractor or any negligent or wrongful act or omission of Contractor and its personnel, including but not limited to claims for death or personal injury involving the Contractor's use or operation of any motor vehicle or equipment.

8. Insurance:

At all times during and for a reasonable period of time after the term of this Agreement, Contractor shall procure and maintain adequate general liability insurance covering all aspects of the services rendered under this Agreement, including but no limited to adequate automotive liability insurance covering any use or operation of any motor vehicle. Contractor shall be solely responsible for procuring and maintaining any insurance required or customarily provided to Contractor's employees, including but not limited to group medical, life, disability, accidental death and dismemberment, workers compensation and unemployment insurance.

9. Returning Agency Documents and Transition of Business:

Upon termination of this Agreement for any reason, or upon request by the Agency at any time, Contractor shall return unconditionally to the Agency all documents and files (including originals and copies, whether on paper or electronic), equipment supplies, and all other property of any kind that belongs to the Agency or came into Contractor's possession in the course of performing services under this Agreement. Upon request, Contract shall also present a written accounting of all services performed and business transacted under this Agreement. Contractor shall cooperate in good faith with the Agency to assure an orderly transition of business under this Agreement following termination.

10. Miscellaneous.

(a) **Notices.** Any notice required under this Agreement may be personally delivered or sent by facsimile, pdf, email or first-class mail to the following addresses:

(i) If to the Agency:

*Desert Healthcare District
1140 North Indian Canyon Drive
Palm Springs, CA 92262
Attn: Chris Christensen, Interim CEO*

(ii) If to the Contractor:

*Boys and Girls Club of Palm Springs
450 S. Sunrise
Palm Springs, CA 92262
Attn: Margaret Keung, Executive Director*

(b) **No Waiver.** If any party fails to object to a breach of this Agreement, that party shall not be precluded from objecting to any future breach.

(c) **Governing Law.** This Agreement has been made and entered into in the State of California and shall be construed in accordance with the laws of the State of California.

(d) **Severability.** If any provision of this Agreement is declared void for any reason, all other provisions shall remain in effect.

(e) **Captions.** The various captions of this Agreement are for reference only and shall not be considered or referred to in resolving questions or interpretation of this Agreement.

(f) **Attorneys' Fees.** If any legal action is necessary to enforce or interpret this Agreement, the prevailing party shall recover its costs and attorneys' fees.

(g) **Assignment.** Contractor may not assign his rights, obligations or duties under this Agreement without the express written consent of the Agency. This Agreement shall inure to the benefit of and be binding upon any successor or assign of the Agency.

Signature Page:

Agency:

By: 
Its: Chris Christensen, Interim CEO

Date: 10/16/18

Contractor:

By: 
Its: Margaret Keung, Executive Director

Date: 10/16/18

EXHIBIT A

SERVICES

Period beginning approximately October 15, 2018 through March 31, 2018

1. Boys and Girls Club of Palm Springs staff will conduct a daily "walk-through" of the swimming facility to ensure all program areas are safe and clean for use including monitoring and maintaining safe pool water ph-levels, pool water temperature, and locker rooms. Any discrepancies that may lead to the cancelation of the swimming activities shall be reported to the Desert Recreation District for the planning of alternative activities.
2. Pool temperature will be maintained at the American Red Cross recommended temperature of 83°-89° on program activity days. Water ph-levels should also be maintained at the American Red Cross recommended levels of 7.4 to 7.6 to ensure the water is safe for the swimming activities.
3. The swimming facility and classroom will be reserved for program activity days, including the classroom for nutrition classes and possible alternative activities due to the cancelation of swimming activities due to inclement weather or unsafe pool conditions.
4. Each activity day the Boys and Girls Club of Palm Springs staff will provide logistical support with the supervision of the participating children during the transition from the bus stop to the clubhouse, swimming facility and/or designated area for the nutrition education classes.
5. Boys and Girls Club of Palm Springs staff will do the washing and folding of towels for the participating children. Assistance from the Desert Recreation District staff will be provided, whenever possible.
6. Each participating child will receive an six-month membership to the Boys and Girls Club, which would entitle them to all the amenities and activities offered by the Boys and Girls Club, along with all applicable rules and regulations.

EXHIBIT B
SUMMARY OF COSTS

MEMBERSHIP

Palm Springs Membership 6 months			
# youth	# schools	\$ per membership	Total
48	4	15	2880
Cathedral City Membership 1 month			
# youth	# schools	\$ per membership	Total
48	5	5	1200

MEMBERSHIP \$ 4,080.00

STAFFING COST *

Number of Staff	Estimated # of Hours	\$ per hour	Total
3	250	20	\$ 15,000.00
Additional hiring expense would be \$20 per background check, \$60 per drug screening and onboarding process per new employee. **			

STAFFING TOTAL \$ 15,000.00

FACILITY RENTAL FEE

# of days	\$ per day	Total
72	125	\$ 9,000.00

\$ 28,080.00

* Based off of National BGCA guidelines for staff to child ratio

** All inclusive of this expense



Date: October 23, 2018
To: Board of Directors - Foundation
Subject: West Valley Homelessness Initiative Collective Fund Update

Staff Update:

Barbara Poppe and Associates (BPA): Data collection and narrative development to meet agreed-upon next steps – preparation for BPA onsite meeting November 7 and 8 to work with community stakeholders and providers to clearly identify top strategic action plans – presentation planned for November Board meeting.

Policy analysis for Proposition 1 and 2 on the November ballot finalized – support Supervisor V. Manuel Perez’s office in gathering on Oct. 17th - CV Housing Summit.

Staff has worked with CVAG Homeless Committee staff:

- a) Review and analysis of the HARC Report;
- b) Continued work with key stakeholders regarding the HEAP funding;
- c) Staff work with community service providers to identify potential opportunities for Rapid Rehousing/Housing First model.

Staff works with stakeholders from Palm Springs and extended group members on the concept of respite care for homeless discharge patients in the West Valley.

Staff continues to work with the city of Palm Springs - second team has been hired (mental health housing crisis team) -- staff participates in Homelessness Committee meeting.

Next Steps:

1. The Coachella Valley Strategic Action Plan will be presented with Barbara Poppe at the November Board.
2. Staff drafts potential recommendations driven by Strategic Action Plan for RFP concepts and the potential continued funding of CV Housing First via the CVAG Homeless Committee. Upon Board guidance, staff will bring forward a final RFP for approval at the December meeting. (Grant structure proposal at the September 25, 2018 Board meeting)



West Valley Homelessness Initiative

Staff Support Documentation:

Health Assessment and Research for Communities (HARC) evaluation points on Path of Life Ministries (POLM)

1. The HARC evaluation utilized data mostly pulled from the Homeless Management Information System (HMIS) and doesn't include all services that POLM provides, such as numbers of clients that:
 - a. Received resource assistance via their resource line
 - b. Were diverted from the shelter system
 - c. Were engaged that were living on the streets (relationship development)
 - d. Were provided behavioral health interventions
 - e. Were provided employment support sessions

Quote from POLM: "This highlights the difference between 'interventions/contacts' where we are simply making contact with folks, assessing their level of interest in moving forward, running a ViSPDAT, providing momentary assistance, etc. and engagements (when someone is completes the intake paperwork to begin the move toward housing and off of the streets)."

2. HMIS isn't always clean data as it doesn't prevent duplication of clients and doesn't always paint a picture of all the paths an individual must take to exit homelessness.
3. The HMIS data system is not a case management system, but rather a data collection in comparison to information/records in the court system and/or the medical electronic records systems.
4. Of the 401 clients served, 147 were prevention clients (48 households). The data supports the importance of this service and the increased success rates presented – i.e., an increase in income was significantly reflective of the work done with these clients by ensuring they have access to all safety net programs, access to rental assistance and support in finding work when between jobs.
5. POLM leverages program funding to provide the services needed for each individual need as they dynamically move through the homelessness system, i.e., shelter to rapid re-housing/crisis stabilization units.

6. POLM partners with the POLM shelter system and our local area shelters (95 individuals) by bringing services to those currently residing in the shelters and moving to the “Housing First Model programs.”
7. A key challenge is a lack of Bridge/Rapid and Permanent housing for POLM.
8. The HARC report clearly states, and staff is in full agreement: You cannot compare the data as the programs (Roy’s Shelter experience and Housing First) are as different as apples and oranges.

Staff’s work with Stakeholders for Homeless Emergency Aid Program (HEAP) funding.

Greg Rodriguez from County Supervisor V. Manuel Perez’s office took the lead and made the deadline submission for the HEAP survey of intent to submit grant funding requests. This is the preliminary step prior to the actual grant application release into the communities of Riverside County. The proposed list of priorities was driven by discussion from a small group of stakeholders (CVAG Homelessness Committee members and staff). It was determined that the best effort and success of obtaining HEAP funding would come from a place of collaboration and coordination of services in the Coachella Valley.

To date, all nine cities have signed the required resolution declaring a shelter emergency. This opens them all up to have access to HEAP funding.

Desert Healthcare Foundation								
Homelessness Initiative								
\$2,000,000								
FND Commitment								
Signed Agreement								
\$ 2,000,000								
Date	Entity	Description	External Match	DHCF	Other	Payment	Date Paid	Comments
09/26/17	CVAG	CVAG		103,000		103,000	10/11/17	
	City of Palm Springs	CVAG	103,000	103,000	450,000	103,000	10/31/17	\$100k Wrap Around Svcs, \$350k Crisis Response Team
	City of Cathedral City	CVAG	103,000	103,000		103,000	07/26/18	
	City of Palm Desert	CVAG	103,000	103,000		103,000	10/31/17	
	City of Coachella	CVAG	103,000	103,000		103,000	10/11/17	
	City of Desert Hot Springs	CVAG	103,000	103,000		103,000	12/05/17	
	City of La Quinta	CVAG	103,000	103,000		103,000	06/01/18	
	Total		618,000	721,000	450,000	721,000	<< Total Paid	
	Total Committed				1,171,000			
	Uncommitted Balance				829,000			
		Committed \$\$ - Including External						
		\$103k Match total	1,339,000					
		Total with Other	1,789,000					

COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS

73-710 Fred Waring Dr., Suite 200, Palm Desert, CA 92260 · (760) 346-1127 · www.cvag.org



October 8, 2018

Mayor Stan Henry
City of Cathedral City
67-700 Avenida Lalo Guerrero
Cathedral City, CA 92234

Mayor Henry,

CV Housing First is now in its second year of operations and, as you will see from this letter, we are making a difference across the valley. Each year, the Coachella Valley Association of Governments (CVAG) reaches out to our member jurisdictions with a request for \$103,000 to fund regional homelessness services. Many of our member jurisdictions have already identified this funding in their own fiscal year budgets. But we have not sent invoices as we were waiting for an independent analysis of the program and for more information about continuing a matching contribution from the Desert Healthcare District/ Foundation. With the analysis complete, and talks underway with the District/ Foundation, we are taking an opportunity to update the County, Cities and Tribal Councils on the successes and our next steps forward.

As you'll recall, CVAG embarked on the CV Housing First program at the urging of the late Riverside County Supervisor John J. Benoit, who spearheaded an effort to transition Roy's Desert Resource Center into a much-needed mental health facility. CVAG researched the idea of creating a new shelter in the western part of the Coachella Valley, but couldn't find a site that was approved for this use by the respective Cities. At the same time, CVAG was sympathetic to the concerns expressed by the City of Indio, who have seen other cities "solve" their homelessness problems as people are transferred to the east valley shelters.

CVAG's Homelessness Committee evaluated what programs worked in the nation, and ultimately CVAG executed a contract with the non-profit Path of Life Ministries to run CV Housing First. The program is based on the philosophy that if someone has a stable housing situation, they can instead focus their attention on issues like maintaining employment, addressing addiction or keeping their family together. This program provides long-term solutions for clients. CV Housing First works with clients to get them into a permanent housing destination. This is done includes an array of services such as rapid re-housing, homelessness prevention and special needs services.

This program is a new approach for us. And after seeing it in action since July 2017, we're proud to say it is making a huge impact in our community. With your support, we've been able

to provide everything from boots-on-the-ground outreach teams – who interact with homeless in encampments or outside your local businesses – to rental help for families who may be facing eviction. We have created a resource line (760-601-5424) and have opened offices, where our teams can provide solutions beyond emergency shelters. And our rental properties are filled with people transitioning from living on the street to living under a roof.

We no longer are looking at addressing homelessness through a microscopic lens, focused simply on whether we have homeless located on one street corner or in one vacant property or even in one City. We are truly addressing this situation on a regional level, and we're doing it by customizing services to an individual's or family's needs and providing the wrap-around services they need to sustain permanent housing.

Last month, CVAG released an independent analysis by the Health Assessment and Research for Communities (HARC, Inc.) of CV Housing First. The study can be found on our website (www.cvag.org). It showed that, between July 1, 2017 and June 30, CV Housing First served 401 clients between CVAG funding and leveraged programs. The report stated that more than eight out of every 10 people exited the program to permanent housing. Another 11 percent went to temporary housing. Additionally, HARC found that clients' average monthly income increased from \$629 to \$1,496. About 70 percent of the clients have been homeless for more than 12 months out of the last three years.

This study shows that our collaborative approach – one that brings together non-profits, local governments and the Desert Healthcare District/ Foundation – makes a greater impact in our Valley than we could do individually. This same perspective is being demonstrated in the District/ Foundation's analysis of the Coachella Valley's homelessness crisis by Barbara Poppe and Associates, a nationally known homelessness expert. The report should be done next month and will provide strategic guidance to identify potential strategies that can be implemented over the mid- and long-term to reduce homelessness.

Many cities have charitable giving programs, and we encourage you to consider supporting non-profits. However, investing in CV Housing First isn't a charitable donation; it is a contract for services with deliverables and performance metrics. The CV Housing First contract runs through this fiscal year, but additional funding will be necessary to continue this program. The unprecedented match program by Desert Healthcare District/ Foundation – which only applied to contributions that were at least \$103,000 – created enough funding to date. This match also inspired several cities to fully contribute to CVAG's program for the first time. The Healthcare District/ Foundation has additional funding available if the Board opts to continue the match program. CVAG hopes that the demonstrated valleywide support, coupled with data-supported success of CV Housing First, inspires the District/ Foundation to continue its partnership with us.

We expect to have more information from the District/ Foundation about the matching funds in the next two months. Once we do, we will send invoices to our member jurisdictions so we can continue CV Housing First through June and into the next fiscal year. Please don't hesitate to contact us if you would like additional information about CV Housing First. HARC and Path of Life have also been making presentations to City Councils in recent weeks, and we are happy to schedule an update to any member jurisdiction that would like one.



Your continued support is appreciated, and it is making a meaningful difference in people's lives across the Coachella Valley.

Sincerely,

A handwritten signature in blue ink, consisting of a large, sweeping arch over a vertical line that descends into a horizontal base.

Tom Kirk
Executive Director

CC: Mayor Pro Tem Greg Pettis
Councilman John Aguilar
Councilman Mark Carnevale
Councilman Shelley Kaplan
City Manager Charlie McClendon
Desert Healthcare District/ Foundation





Date: October 23, 2018
To: Board of Directors
Subject: Behavioral Health Collective Fund Initiative Update

Staff Updates:

1. Staff continues to work with lead group from the “Green Ribbon Committee” – Supervisor V. Manuel Perez Initiative.
2. Meetings have been held with subject matter specialists and frontline staff:
 - a. These meetings are identifying opportunities for programs/services and funding.
3. Preliminary meetings have been held to discuss the opportunity to increase access for intern hours to meet the needs of the future work force and the potential for increasing use of telepsych services.
4. Staff participated in the Indio planning meeting (September 26, 2018) to express Board support – stated at the September 25, 2018 meeting.
 - a. Proposed plan was declined at the planning meeting;
 - b. Arcadia has full intent of appealing to Indio’s City Council;
 - c. Greg Rodriguez continues to work with Arcadia to look at potential alternative solutions.
5. Staff is working with the three area hospitals to create a data-sharing platform to support the understanding and tracking of 5150 data.



Date: October 23, 2018

To: Board of Directors

Subject: The California Endowment Grant - Public Policy and Research/Academic Partnership

Staff update:

1. Staff met with Margareta Luna - program director from The California Endowment
 - a. Determine the importance of the relationship building and mutual support of three key partners - DHCD/F, UCR and Building Healthy Communities.
 - b. No cost extension was approved to accommodate for the late hiring of staff to implement the grant.
 - c. Receive clarity to the areas of focus for work that is mutually beneficial to all parties.

2. Staff has completed or currently working on the following focus areas.
 - a. Coachella Valley-specific information and data repository.
 - b. Homelessness Initiative.
 - i. Data collection and analysis.
 - ii. Policy Information Briefs for Prop 1 and 2 (attached).
 - iii. Community Engagement.
 - iv. Data collection and narrative building for Homelessness Initiative.
 - v. 2020 Census.
 - vi. Salton Sea – Community Health and focus on \$10 million community health funding allotment.

Proposition 1: Veterans and Affordable Housing Act of 2018

Authorizes Bonds to Fund Specified Housing Assistance Programs

Executive Summary

Available, affordable, equitable, and sustainable housing opportunities are essential to quality of life. Housing options represent more than safety and security; it impacts everything “from our job opportunities to our physical and mental health, from our children’s success in school to our environmental footprint.”ⁱ To be decided by California voters on November 6, The Veterans and Affordable Housing Act of 2018 (Proposition 1) would allocate resources relating to housing stability for low income families, farmworkers, and veterans.

Statement of the Issue

An inadequate housing supply and rising rents and purchasing costs place families under significant financial strain. In a 2018 Statewide Housing Assessment, the California Department of Housing and Community Development outlined five key challenges to housing affordability that are applicable to the Coachella Valley:ⁱⁱ

1. Available and affordable housing is unable to keep pace with demand.
2. Disadvantaged communities would benefit from increased community development interventions, infrastructure improvements and affordable housing opportunities.
3. Insufficient funding for affordable housing development limits production.
4. Vulnerable populations face additional barriers to obtaining housing.
5. Lack of access to affordable housing impedes other aspects of lives including: education, health, migration, employment, transportation, and the environment.

In addition to housing shortages, the American Community Survey’s 2016 data indicate more than half of the almost 60,000 renter households in Coachella Valley are rent-burdened, meaning they pay more than 30% of their income towards rent.ⁱⁱⁱ Designating more than 30% of household income on rent leaves little to spend on other everyday essentials.

Coachella Valley Total Renter Households		
Not Rent-Burden (<30% of Income)	9,818	16.49%
Rent-Burden (>30% of Income)	32,707	54.96%
Severe Rent-Burden (>50% of Income)	16,990	28.55%
Total Renter Households	59,515	100%

Coachella Valley Rent-Burden Specific Households		
Households paying 30-49% of Income on rent	15,717	48.05%
Households paying greater than 50% of Income on rent	16,990	51.95%
Total Rent-Burden Households	32,707	100%

- Of the total rent-burdened households, one in two households pay more than 50% of their income on rent.^{iv}

- According to the National Low-Income Housing Coalition, renters in the Coachella Valley need to make on average of two to two and a half times more than the state’s minimum wage of \$11/hr to afford the average two-bedroom apartment.^v
 - For example, residents in Cathedral City need to earn \$23.17/hr to afford a monthly, average two-bedroom rental unit of around \$1,200 and remain out of the rent-burden classification.^{vi}

To address California housing challenges, stable funding is imperative to affordable housing development and rehabilitation. This bond would help replenish some lost state resources such as the elimination of redevelopment funding and loss of state bond funding both of which contributed to the housing affordability crisis.^{vii}

Proposition Discussion

This ballot measure would provide \$4 billion statewide for eight housing-related programs grouped into five sections. Pending voter approval and subject to bond sales, the California Department of Housing and Community Development would issue its first Notice of Funding Availability in Spring 2019. The Notice of Funding Availability applications are expected to be released over five years.^{viii} Depending on the program, those eligible to apply vary from private, public, and governmental organizations.

State Housing Programs

1. **Affordable Multifamily Housing Program** - \$1.8 billion for program expansion “to assist in the new construction, rehabilitation, and preservation of permanent and transitional rental housing projects for individuals and families of up to 60% of the area median income.”^{ix}
2. **Infrastructure Programs** - \$450 million for housing development near public transportation and infrastructure improvement.^x
3. **Homeownership Programs** - \$450 million for home purchase and loan assistance^{xi}
4. **Farmworker Housing Program** - \$300 million in loans and grants “for housing construction or rehabilitation for agricultural employees and their families or for the acquisition of manufactured housing as part of a program to address and remedy the impacts of current and potential displacement of farmworker families from existing labor camps, mobilehome parks, or other housing.”^{xii}

Veterans Housing Program

5. **Veterans Housing Program** - \$1 billion for additional loan assistance to California veterans.^{xiii}

Proposition Considerations

- Provides some housing crisis relief to veterans, farmworkers, individuals with disabilities, first-time home buyers, and low-income families.
- Addresses housing shortages by building an estimated 50,000 new and rehabilitated housing units (application for funding to be released over five years).^{xiv}
- Potentially reduces the impact of social service expenses and hospital cost burden due to homelessness.
- \$170 million would be withdrawn from the General Fund annually for 35 years to repay the bond.

^{xv}

- The finalized bill would cost an estimated \$6 billion between the bond principal and interest.
- Allocates annual subsidies for up to 30,000 multifamily and 7,500 farmworker households for ten years. After 2028, any funds not yet committed for these purposes will be redirected to general use in the Multifamily Housing Program.^{xvi}
 - The funds also would provide down payment assistance to about 15,000 homebuyers and home loans to about 3,000 veterans.^{xvii}
- In the Coachella Valley, this ballot measure has the potential to create jobs at prevailing wage, bring affordable housing units, and allow the region to leverage against other funding sources.^{xviii}
- Promotes public transportation through the transit-oriented development implementation program which builds housing near public transportation.

End-Notes

ⁱ California Department of Housing and Community Development. “California Housing Future: Challenges and Opportunities.” 2018. http://www.hcd.ca.gov/policy-research/plans-reports/docs/SHA_Final_Combined.pdf

ⁱⁱ Ibid.

ⁱⁱⁱ US Census Bureau. “American community survey.” Selected characteristics of the Coachella Valley Region: American Community Survey 5-year estimates. 2016.

^{iv} Ibid.

^v National Low-Income Housing Coalition. “Two-bedroom Housing Wage by Zip Code.” *Out of Reach 2018*. 2018. <http://nlihc.org/oor/zip?code>

^{vi} Ibid.

^{vii} California Housing Partnership Corporation. “Riverside County’s Housing Emergency and Proposed Solutions.” May 2018. <https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/05/Riverside-2018-HNR.pdf>

^{viii} California Department of Housing and Community. “California’s 2017 Housing Package Frequently Asked Questions.” July 2018. <http://www.hcd.ca.gov/policy-research/housing-package/cahp-faq.shtml#sb3>.

^{ix} State of California Legislative Counsel Bureau, *Veterans and Affordable Housing Bond Act of 2018*, California Senate, Senate, SB. 3, 107th Cong., 1st sess., introduced in Senate December 5, 2016, https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB3.

^x Ibid.

^{xi} Ibid.

^{xii} Ibid.

^{xiii} Ibid.

^{xiv} California Housing Partnership. “Shelter from the Storm: Assessing the Economic Impacts of the Affordable Housing Bond Act of 2018.” January 2017. <https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/08/SB3HousingBondEconomicBenefits2017.pdf>.

^{xv} State of California Legislative Counsel Bureau, *Veterans and Affordable Housing Bond Act of 2018*, California Senate, Senate, SB. 3, 107th Cong., 1st sess., introduced in Senate December 5, 2016, https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB3.

^{xvi} Ibid.

^{xvii} Ibid.

^{xviii} California Housing Partnership. “Shelter from the Storm: Assessing the Economic Impacts of the Affordable Housing Bond Act of 2018.” January 2017. <https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/08/SB3HousingBondEconomicBenefits2017.pdf>.

Proposition 2: No Place Like Home Act of 2018

Authorizes Bonds to Fund Existing Housing Programs for Individuals with Mental Illness

Executive Summary

The No Place Like Home Act of 2018 (Proposition 2) would provide funding to counties through the California Department of Housing and Community Development for “acquisition, design, construction, rehabilitation, or preservation, and to capitalize operating revenues, of permanent supportive housing” for those experiencing serious mental illness and who are suffering from chronic homelessness, homelessness, or those at risk to becoming chronically homeless.ⁱ

- *Serious mental illness* – a mental health disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living.ⁱⁱ
 - Includes those with a serious mental disorder and diagnosis of substance abuse, developmental disability, or other physical/mental disorder.ⁱⁱⁱ
- *Homelessness* – individual or family who lacks a fixed, regular, and adequate nighttime residence.^{iv}
- *Chronic homelessness* – those that have experienced homelessness for a year or longer or have had at least four episodes of homelessness in the last three years and have a disability.^v
- *At-risk of chronic homeless* – individuals at high-risk for long-term or intermittent homelessness or those with significant barriers to housing stability.^{vi}

*Definitions are summarized from the No Place Like Home Program guidelines.

According to the 2018 Point-in-Time count, about 18% of the Coachella Valley’s unsheltered homeless population self-reported a mental health condition, a two and a half percent rise from the previous year.^{vii} ^{viii} This ballot initiative would aid efforts to meet the crucial need for additional housing support for these individuals. The No Place Like Home Act, will be up for voter decision on November 6, 2018.

Statement of the Issue

From 2016-2017, California experienced the largest absolute increase in the homeless population in the nation—an increase of 16,136 individuals or 14 percent.^{ix} Homelessness is a multi-faceted social issue with far-reaching impact on the Coachella Valley region and residents. Research consistently demonstrates that individuals experiencing homelessness are more likely to utilize intensive health care services and social services than those who are not experiencing homelessness.^x

In the 2018 Point-in-Time count, there were 437 unsheltered homeless individuals in the Coachella Valley. Of these unsheltered individuals, 77 self-reported they had a mental health condition and 102 self-reported they had suffered from a post-traumatic stress disorder.^{xi}

- Studies have long indicated that housing individuals suffering from mental health issues can potentially help them transition to a more stabilized life and assist them to better function in society.^{xii}

According to the National Alliance to End Homelessness, ending chronic homelessness saves taxpayers money.

- On average, social services' costs to care for a person experiencing chronic homelessness amounts to \$35,578 annually. ^{xiii}
- If placed in supportive housing, societal costs per homeless individual can be reduced by nearly 50%. ^{xiv}

Proposition Discussion

This measure will direct a portion of The Mental Health Services Act of 2004 (Proposition 63) funds, up to \$140 million annually, to support housing programs for qualifying individuals and families. The Mental Health Services Act (MHSA) typically raises between \$1.5 and \$2.5 billion dollars annually through an income tax on those whose yearly income is over \$1 million. ^{xv} In addition to housing support, readily-available wrap-around mental health services and community-based supportive resources are required by the state. ^{xvi} The No Place Like Home funds, in the amount of \$2 billion in bond proceeds, will be allocated as follows if approved in November:

- Noncompetitive allocation (\$200 million) – distributed by formula allocation to each county based on 2017 Point-In-Time Homeless Count
 - Estimated allocation for Riverside County: \$3,738,104
- Competitive allocation (up to \$1.8 billion with at least four funding rounds). Note: counties will compete for funding among other, similarly-sized counties
 - Los Angeles County
 - Large counties (population greater than 750,000)
 - 2017 Riverside county population: 2,433,266^{xvii}
 - Medium counties (population between 200,000 to 750,000)
 - Small counties (population less than 200,000)

Proposition Considerations

- Builds 20,000 permanent supportive housing units across California and improves mental health services accessibility. ^{xviii}
- Required mental health supportive services will potentially strengthen coordinated care and voluntary participation. ^{xix}
- Eases healthcare burdens: fewer ER visits save money on healthcare costs, saving on healthcare costs and easing the burden on emergency responders.
 - Tenants of permanent supportive housing reduced emergency department visits by over 50% and hospital admission by just under 50% (NPLH, Code text)
- Helps build capacity at local level to address lack of affordable units.
- Makes up for lost funding for housing production.
- Delays to the No Place Like Home program are slowing down the housing construction building rate.
- Mitigates the issue of counties not spending their Mental Health Service Act funds. ^{xx}
- Up to \$140 million annually being redirected from mental health program funding under the Mental Health Services Act to support bond expenses for permanent supportive housing.
- Prioritization of funding is still given to only those with a serious mental disorder or seriously emotionally disturbed children or adolescents who are experiencing homelessness, chronic homelessness, or are at-risk of homelessness.
- Not a short-term investment; supportive housing takes time to site and build.

End-Notes

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- ⁱ California Department of Housing and Community Development. “No Place Like Home Program.” 2018. <http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml>
- ⁱⁱ California Welfare and Institutions Code § 5600.3.
- ⁱⁱⁱ Ibid.
- ^{iv} California Department of Housing and Community Development. “No Place Like Home Program Guidelines.” July 2017. <http://www.hcd.ca.gov/grants-funding/active-funding/docs/NPLHGuidelines082519-v1.pdf>.
- ^v Ibid.
- ^{vi} Ibid.
- ^{vii} Department of Public Social Services. “2017 Point-In-Time Homeless Count Report.” County of Riverside Continuum of Care. 2017. <http://dpss.co.riverside.ca.us/homeless-programs/housing-and-homeless-coalition>
- ^{viii} Department of Public Social Services. “Riverside County Homeless Count & Survey Report.” County of Riverside Continuum of Care. 2018. <http://dpss.co.riverside.ca.us/homeless-programs/housing-and-homeless-coalition>
- ^{ix} California State Auditor. “Homelessness in California: State Government and the Los Angeles Homeless Services Authority Need to Strengthen Their Efforts to Address Homelessness, Report 2017-112.” 2018. <https://www.auditor.ca.gov/pdfs/reports/2017-112.pdf>.
- ^x Hunter, Sarah, Melody Harvey, Brian Briscoe, and Matthew Cefalu. “Evaluation of Housing for Health Permanent Supportive Housing Program.” Santa Monica, CA: RAND Corporation, 2017. https://www.rand.org/pubs/research_reports/RR1694.html.
- ^{xi} Department of Public Social Services. “Riverside County Homeless Count & Survey Report.” County of Riverside Continuum of Care. 2018. <http://dpss.co.riverside.ca.us/homeless-programs/housing-and-homeless-coalition>
- ^{xii} No Place Like Home Act of 2018, AB No. 1827, (2017).
- ^{xiii} National Alliance to End Homelessness. “Ending Chronic Homelessness Saves Taxpayers Money.” 2017. <http://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf>
- ^{xiv} Ibid.
- ^{xv} District Office of Senator Kevin De Leon. SB 1206 (De León) No Place Like Home Act of 2018. https://www.calhospital.org/sites/main/files/file-attachments/sb_1206_fact_sheet.pdf
- ^{xvi} California Department of Housing and Community Development. “No Place Like Home Program.” 2018. <http://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml>
- ^{xvii} Department of Public Social Services. “2017 Point-In-Time Homeless Count Report.” County of Riverside Continuum of Care. 2017. <http://dpss.co.riverside.ca.us/homeless-programs/housing-and-homeless-coalition>
- ^{xviii} Graves, Scott. “Proposition 2: Should California Sell Bonds Backed by County Mental Health Funds to Develop Supportive Housing for Homeless Residents With Mental Illness?” California Budget and Policy Center. October 2018. <https://calbudgetcenter.org/blog/proposition-2-should-california-sell-bonds-backed-by-county-mental-health-funds-to-develop-supportive-housing-for-homeless-residents-with-mental-illness/>.
- ^{xix} California Welfare and Institutions Code § [5000-5952].
- ^{xx} California State Auditor. “Mental Health Services Act, Report 2017-112.” 2018. <https://mentalillnesspolicy.org/states/california/mhsa/mhsa-state-auditor-report-pdf.html>.