



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
September 10, 2019
12:00 P.M.**

University of Riverside Palm Desert Campus
Building A – Graduate Club – Room A129
75080 Frank Sinatra Drive
Palm Desert, CA 92211

This meeting is handicapped-accessible

Chair Rogers – 13722 Washougal River Road, Washougal, WA 98671– Telephonic

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Director Carole Rogers, RN Committee Chairperson	
1-2	II. Approval of Agenda	Action
3-5	III. Meeting Minutes 1. July 09, 2019	Information
	IV. Public Comments At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action	
6-11	V. Old Business 1. Grant Proposals Under Development	Information
12-17	2. Coachella Valley Association of Governments (CVAG) CV Link Review and Analysis – MOU Contingency and Conditions	Information
18-33	VI. New Business 1. Grant Proposals a. Consideration to approve Grant #1017 – Jewish Family Services (JFS) – \$90,000 to support case management services for homeless prevention	Action
34-44	2. Consideration to recommend release of the Community Health Needs Assessment RFP – NTE \$300,000	Action



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
September 10, 2019
12:00 P.M.**

University of Riverside Palm Desert Campus
Building A – Graduate Club – Room A129
75080 Frank Sinatra Drive
Palm Desert, CA 92211

This meeting is handicapped-accessible

Chair Rogers – 13722 Washougal River Road, Washougal, WA 98671– Telephonic

VII. Committee Member Comments

VIII. Adjournment

Next Scheduled Meeting October 08, 2019



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
MEETING MINUTES
July 9, 2019**

Directors Present	District Staff Present	Absent
Chair, Carole Rogers, RN Director Evett PerezGil Nicolas Behrman, Community Member Luciano Crespo, Community Member Allen Howe, Community Member Thomas Smith, Community Member	Chris Christensen, Interim CEO, CFO Donna Craig, Senior Program Officer Andrea S. Hayles, Clerk of the Board	Vice-President Leticia De Lara Thomas Thetford, Community Member Alejandro Espinoza, Program Officer and Outreach Director

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:01 p.m. by Chair Rogers.	
II. Approval of Agenda	Chair Rogers asked for a motion to approve the agenda.	Moved and seconded by Director PerezGil and Director Rogers to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. June 11, 2019	Chair Rogers asked for a motion to approve the minutes.	Moved and seconded by Director PerezGil and Director Rogers to approve the meeting minutes. Motion passed unanimously.
IV. Public Comment	None	
V. Old Business 1. Grant Proposals Under Development	Chair Rogers explained that the grant proposals under development are included in the packet and inquired about any questions.	
VI. New Business 1. Interview to consider a Volunteer Community Member is included on an alternate list	Chair Rogers introduced Christine Anderson, EdD. Dr. Anderson provided an overview of her background in speech pathology, work with the Orange	Moved and seconded by Community Member Allen Howe and Community Member Nicolas Behrman to approve Christine J. Anderson, EdD on

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
MEETING MINUTES
July 9, 2019**

<p>2. Orientation – Volunteer Community Members</p> <ul style="list-style-type: none"> a. Appointment & Duties for Committees – Policy BOD-3 b. Grant & Mini-Grant – Policy OP-5 c. Current Grant Process d. Grant Application Scoring Rubric e. Conflict of Interest – Policy BOD-15 f. 2018/2019 Statement of Economic Interests – Form 700 g. 2017-2020 Strategic Plan h. Local Agency Formation Commission (LAFCO) – Plan of Services 	<p>County Department of Education, principal at a school for children with disabilities, grant writing, assistant superintendent of instruction at Palm Springs Unified School District, superintendent of Palm Springs Unified School District, and her work with the Clinton Foundation Healthy Initiative.</p> <p>Chris Christensen, Interim CEO, described the Program Committee’s reinstating the Volunteer Community Members and their role on the committee.</p> <p>Mr. Christensen highlighted Appointment & Duties for Committees that includes one (1) three-year term of the community members, vacancies, meetings and voting, conflicts of interest, and the purpose of the committee.</p> <p>An overview of the Grant and Mini-Grant Policy, Current Grant Process, Grant Application Scoring Rubric, Conflict of Interest, and the Fair Political Practices Commission (FPPC) Statement of Economic Interests. The Local Agency Formation Commission (LAFCO) application was briefly discussed and described to the community members.</p> <p>Community Member Nicolas Behrman requested a pie chart or similar that coincides with the</p>	<p>an alternate list to serve as a Volunteer Community Member. Motion passed unanimously.</p>
--	--	--

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
MEETING MINUTES
July 9, 2019

	<p>Strategic Plan, such as the number of grant dollars funded in each community health focus area.</p> <p>Community Member Allen Howe recommended providing a copy of the Brown Act to the community members that are not familiar with government processes.</p>	
VII. Committee Member Comments	<p>Donna Craig, Senior Program Officer, explained EVALCORP's work on the Behavioral Health Initiative needs assessment and combining the findings with Supervisor Perez's Behavioral Health Green Ribbon Committee.</p> <p>Chair Rogers described the Summer Homelessness Survival Fund and obtaining a report from Greg Rodriguez, Government Relations and Public Policy Advisor, Supervisor Perez, also highlighting the District's summer intern, Kayla Bentley's collaboration with Mr. Rodriguez.</p>	
V. Adjournment	<p>Chair Rogers adjourned the meeting at 1:30 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Carole Rogers, RN, Chair/Director
Program Committee

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

PROPOSALS UNDER DEVELOPMENT

Information only – status update of new and existing grants since last Board report 6/25/19

Letters of Interest			
Agency	Staff Notes	Status	Funding Allocation
Desert Ability Center MINI GRANT	LOI – Stage 1 received requesting \$5,000 toward the acquisition of adaptive equipment including, but not limited to, trainers upon which handcycles are placed, handcycles, wheelchair accessible rowing machines and strength trainers. Residents with spinal cord injuries, other neurological disorders and amputations will have the ability to train at Kirkfit. Initial training offerings will include indoor cycling, rowing and strength training.	Waiting for project budget to be submitted before generating stage 2, the application.	District
Lift To Rise	Stage 1 – LOI received to reflect the Health CAN & Healthy Eating/Active Living health outcomes.	Stage 2 – the application - generated	District
Desert AIDS Project	Stage 1- LOI received requesting \$188,419 toward Homeless Testing Outreach for HIV/HCV/STI. This is a pilot program, now through October, at Well in the Desert and Palm Springs Library.	Advised DAP to review CVAG’s RFP for CV Housing First (specifically for the Focused Street Outreach service goal), which DAP has done and has determined DAP does not have the necessary resources to apply. Staff feels this is a siloed and duplicative effort, being that numerous agencies have established outreach teams and programs with the knowledge of	District

		<p>locations and encampments where homeless individuals gather as well as developing case management wrap-around services with access to medical homes.</p> <p>Staff will be a reader of the CVAG RFP proposals and will review those that have been submitted for Focused Street Outreach to determine if DAP could align their program with those organizations.</p>	
Hidden Harvest	LOI received requesting \$50,000 for low-income senior markets.	Grant request on hold (per grantee's decision) until more current audited financials are completed.	District – could increase grant request to cover senior markets in East Valley through Foundation
Palm Springs Cultural Center	LOI received requesting \$50,000 to conduct a mobile farmers' market feasibility study.	<p>PS Cultural Center audited financials received and reviewed by CFO. His review is based on the current ratio (current assets/current liabilities). Out of a preferred strong ratio of 2:1 or better, the Cultural Center of .8:1, indicating a weak liquidity position. Additionally, the organization has been operating at a net loss for the past 2 years. The CFO would not recommend the PS Cultural Center as a sound investment of public taxpayer dollars.</p> <p>In such, there are numerous feasibility studies on mobile farmers' markets that have been conducted and are available to replicate for free online.</p>	Foundation

		Note: Currently, throughout the Coachella Valley, FIND Food Bank's mobile food pantry serves underserved and low-income communities at 22 sites; Hidden Harvest serves low income and seniors at 7 locations	
Neurovitality Center	LOI received requesting \$143,787 to cover a year of new staffing & consultants start-up costs in the development of a Community Based Adult Services (CBAS) program and an Adult Day Health Care (ADHC) program. This is a collaborative effort with Regional Access Project Foundation, who is being requested to fund the gap in start-up costs.	These new positions are mandated by the state and county to be in place before licensure and certification can be conducted. Stage 2 – application – generated.	District
Applications			
Grantee	Staff Notes	Status	
Jewish Family Service of the Desert	LOI received requesting \$90,000 to support case management services due to a 45% increase in seniors and other low-income individuals requesting financial emergency assistance.	Stage 2 – full application – has been received – staff scoring completed – 9/10/19 Program Committee for review	District
Coachella Valley Rescue Mission	LOI received requesting \$216,200 for assistance with transportation services for hospital-discharged homeless patients and seniors.	Stage 2 – application received and under review due to some inconsistencies in the narrative– planning for review at the 10/8/19 Program Committee	½ District/ ½ Foundation
Progress Reports			
Applicant	Staff Notes	Status	
Mizell Senior Center #938: Senior Falls	Grant term 8/1/17 – 7/31/19 Original Approved Amount: \$400,300	Overall the A Matter of Balance project is on track. It was an active, busy season and	District

<p><i>Prevention Program 2017-2019</i></p>	<p>4th six-month progress report covering the time period from 2/1/19 – 7/31/19</p>	<p>A Matter of Balance courses were quite popular during this period. We definitely have made a name for ourselves as spreading the word about AMOB and educating prospective participants is essential to the success of this program.</p> <p>During this report period in the West Valley, seven host sites completed 15 courses, with 135 graduates, bringing the two-year total to 54 courses completed, with 451 graduates. We also completed 95 home safety assessments representing 70% of the graduates. In that group 57 safety changes were made and 18 sets of grab bars, night lights and shower mats were installed to our underserved participants. After two years, 214 home safety assessments were completed, 124 safety changes and 66 sets of grab bars, night lights and shower mats were distributed.</p>	
<p>FIND Food Bank #979: <i>FIND's Healthy Food First/Pathways Out of Hunger Pilot</i></p>	<p>Grant term 1/1/19 - 12/31/19 Original Approved Amount: \$396,345 2nd progress report covering the time period from 4/1/19 - 6/30/19</p>	<p>During the second quarter of the grant period, the following milestones were achieved:</p> <p>(a) FIND distributed 1,299,798 pounds of fresh produce across its service area, for a total of 2,498,239 pounds distributed year to date (49.9% of goal). Within the District, FIND distributed 562,879 pounds, for a total of 1,195,955 pounds distributed (or 48% of the stated 2.5 million pounds goal during the one-year grant period) so far.</p> <p>(b) Two (2) new Community Health</p>	<p>District</p>

		Workers (“CHW’s”) were hired and trained; (c) FIND developed a healthcare needs and financial literacy survey, in partnership with Loma Linda University; and (d) Five hundred and five (505) client needs assessment surveys were conducted at both pilot sites.	
Final Grant Reports			
Applicant	Staff Notes	5 things to be done differently	
City of Desert Hot Springs #967: DHS Public Safety Emergency Response Program	<p>Grant term 7/1/18 – 6/30/19 Original Approved Amount: \$3,000</p> <p>FINAL RESULTS TO BE ACHIEVED: All 17 marked units of the DHS Police Department will be equipped 24 hours a day with AEDs. One AED will be installed at police headquarters. All officers and sergeants will be trained in the use of the equipment. When police personnel are first to arrive at the scene of an accident or medical emergency requiring resuscitation, they will be able to deliver initial treatment while they await paramedics.</p> <p>FINAL RESULTS WERE ACHIEVED</p> <p>FINAL RESULTS IMPEDIMENTS The only impediment that has occurred</p>	<ol style="list-style-type: none"> 1. Invite more city workers to the training. 2. Buy more than the amount needed, after purchasing the devices we encountered different sites that have requested more devices. 3. Provide media coverage of the devices and the reasons why they are needed. 4. Purchase replacement pads during initial purchase. 5. Besides having protocol as to the reasons to use the device also have protocol to tract the results of the usage. 	District

	<p>thus far is replacement pads needed once the device is used. After an initial slow response in acquiring the needed replacements, we have a few replacement pads. We are working on acquiring additional pads so that we do not have an AED that is idle due to not having the right replacement equipment.</p>		



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 10, 2019
To: Program Committee
Subject: Coachella Valley Association of Governments (CVAG) Memorandum of Agreement (MOU) – CV Link Contingency and Conditions Analysis

Staff Recommendation: Information and discussion.

Background:

- In 2013, the DHCD and CVAG entered into an MOU to provide \$10,000,000 towards the construction of the CV Link, a 50-mile multi-use trail way spanning the Coachella Valley.
- The MOU describes funding contingencies and conditions to be met prior to the District completing a grant with CVAG for \$10M.
- CVAG has been working over the past 6 years to secure funding and develop the plans to construct the CV Link.
- June 12, 2019, CVAG provided a letter to the DHCD requesting a formal grant contract.
- At the July 25, 2019, the Board of Directors directed staff to work with CVAG staff to provide an analysis of the contingencies and conditions of the MOU and to develop a grant contract to bring to the September 24, 2019 Board of Director's meeting.
- DHCD staff has been working on gathering information about a potential grant.
- Included in the packet is an analysis of the MOU contingencies and conditions for information and discussion.

Fiscal Impact:

\$10,000,000 future cash disbursements – In 2013, the District booked the \$10M as an expense and created a future liability.

**Memorandum of Understanding
Between
Desert Healthcare District
And
Coachella Valley Association of Governments
CV Link – Contingency and Conditions Update 09.10.19**

Contingency	CVAG	DHCD Confirmation
<p>DHCD funding is tied to CVAG securing gap funding of \$12,600,000. Created when the South Coast Air Quality Management District (“AQMD”) award of \$17,400,000 was insufficient to meet the funding contingency which tied a DHCD grant award of \$10,000,000 to an AQMD award of at least \$30,000,000. The \$12,600,000 must be secured within 30 months of June 1, 2013 and may be from single or multiple funding sources.</p>	<p>October 28, 2013, CVAG’s Executive Committee took action to approve a commitment of \$12.6 Million of MAP 21 CMAQ federal transportation funds to the CVAG CV Link project.</p> <p>Reference: Minutes of October 28, 2013 CVAG Executive Committee Meeting</p>	<p>Although it seems that this contingency has been satisfied, it is unclear how much of the monies have been “secured” vs. “received”.</p>
Conditions		
<p>1. DHCD funding tied to 1) design, 2) right of way and/or easements, 3) community engagement and outreach, and 4) construction of facilities within the DHCD boundaries.</p>		<p>DHCD Board of Directors will consider the referenced condition items when considering approval of the grant contract.</p>
<p>2. DHCD reserves the right to revoke its unexpended financial commitments in the event it becomes necessary to address a major DHCD or DRMC related financial obligation (e.g. seismic retrofit obligations, cancellation of Tenet lease, etc.)</p>		<p>DHCD Board of Directors will consider potential financial obligations when considering approval of the grant contract.</p>

**Memorandum of Understanding
Between
Desert Healthcare District
And
Coachella Valley Association of Governments
CV Link – Contingency and Conditions Update 09.10.19**

<p>3. DHCD funding will be utilized on an actual cost reimbursable basis with the understanding that actual disbursements will not be necessary for 2 more years. Such disbursements will likely occur over a 5-6-year period thereafter (e.g. approximately (\$1-\$2Million/year).</p>	<p>CVAG’s June 12, 2019 letter states its intent is to begin seeking approximately <u>\$2M for design and construction</u> as soon as the grant contract is finalized. CVAG is sensitive to any cash flow considerations of the District. The intent to use District funds will be allocated toward the building of 15 miles of the project in 2020.</p>	<p>Disbursement schedule to be created with grant contract including payment schedule and deliverables (Exhibit B) and subject to approval by the DHCD Board of Directors.</p>
<p>4. CVAG will make every effort to tie DHCD funding to acquisitions of a “property interest” in the project. Such an interest will be ownership of an easement(s) in favor of the DHCD and to ensure that the route remains open for public health related purposes. Such a property interest becomes an asset of the DHCD.</p>	<p>In November 2018, CVAG and the District’s legal counsel developed conducive language to be included in all easements.</p> <p>Reference: Correspondence between CVAG and DHCD Legal Counsel. Sample of Easement Deed.</p>	<p>Condition 4 is pending approval of the proposed legal language by DHCD Board of Directors.</p>
<p>5. DHCD will assume a participatory role during the design phase to ensure that <u>public health related objectives are secured</u> and that, where feasible, connections to schools, health facilities and the like are adequately accommodated.</p>	<p>CVAG provided the following during over the past 6 years:</p> <ol style="list-style-type: none"> 1. Quarterly written updates/progress reports included in Board packets. 2. In-person presentations at the January and April 2016 Board meetings. 3. July 18, 2019 – CVAG delivered a set of final Construction Plans. CVAG indicates, where feasible, CVAG has included connections to schools, community parks, employment centers, health facilities and other public spaces. 	<p>Although DHCD received the referenced records and reports, the DHCD has not had a participatory role in the process, in particular securing public health related objectives.</p>

**Memorandum of Understanding
Between
Desert Healthcare District
And
Coachella Valley Association of Governments
CV Link – Contingency and Conditions Update 09.10.19**

<p>6. Final design and budget must be acceptable to the DHCD.</p>	<p>CVAG anticipates a revised budget once the construction drawings are finalized.</p> <p>Reference: Detailed Engineers Estimate and Total Project Costs 06/14/16</p>	<p>Cost estimate from 2016 is provided.</p> <p>How does the exclusion of Rancho Mirage and Indian Wells affect the overall design and budget?</p> <p>The project was originally expected to be 50 miles long. Nonparticipation by Rancho Mirage and Indian Wells would reduce it by at least 8 miles (-16%).</p>
<p>7. A collaboration between DHCD and CVAG will determine the long-term health benefit by the development and implementation of a health assessment tool.</p>	<p>A Health Impact Assessment report was completed in November 2015.</p> <p>DHCD received the Health Impact Assessment report August 2019.</p> <p>Reference: Health Impact Assessment – November 2015</p>	<p>Although the Health Impact Assessment was completed, the DHCD did not collaborate in the assessment.</p> <p>The Health Impact Assessment does not provide sufficient evidence that the CV Link will have a positive impact on the health of the District population.</p> <p>A Cochrane Review did not find strong evidence that an intervention like CV Link will effectively increase physical activity for the population.</p>
<p>8. If approved as recommended, the grant contract will include deliverables and payment schedule, if and when the \$12.6 Million is secured as demonstrated by formal action/notice of awards and/or other documentation suitable to the DHCD.</p>	<p>CVAG has submitted the appropriate documentation through the DHCD's formal grant program.</p>	<p>The DHCD's Program Committee & Finance & Administration Committee will review at their September meetings. Final approval to be considered by the Board of Directors.</p>

**Memorandum of Understanding
Between
Desert Healthcare District
And
Coachella Valley Association of Governments
CV Link – Contingency and Conditions Update 09.10.19**

<p>9. Based on the recommendations, if the contingency is met (\$12.6 Million is secured), the \$10 Million grant award will be booked as a liability by DHCD at that time. Availability of funds will be tied to demonstrated progress such as successful completion of environmental clearances.</p>	<p>CVAG Executive Committee meeting of October 28, 2013 Reference: Minutes of October 28, 2013 CVAG Executive Committee Meeting</p>	<p>The MOU acknowledging the \$10 Million commitment was booked as a future grant payable on the books of the District on November 21, 2013.</p>
<p>10. Based on DHCD actions outlined above, CVAG agrees to use its best efforts to acquire additional funding to develop the CV Link. In consideration for those efforts, DHCD agrees to maintain its funding commitment outlined above in effect for 30 months expiring on November 30, 2015.</p>		<p>This clause indicates the MOU may have expired on November 30, 2015.</p>

UNDERLYING PUBLIC HEALTH AND PUBLIC SAFETY CONSIDERATIONS

- Seismic retrofitting of DRMC is estimated to cost between \$119M-\$180M. DHCD does not have sufficient cash reserves to cover these costs.
- Emergent needs raised by the community, remain unaddressed. Some of which have significant impact on respiratory and heart diseases and access to healthcare and public safety services.
- For example, 31 mobile home parks are without paved roads. Paved roads would reduce PM_{2.5} and PM₁₀ (fine and coarse) particle pollution and improve air quality. The benefits of this, may include a reduction in respiratory and heart diseases; increased access to emergency responders, including fire and ambulance; health services, and public transportation.

**Memorandum of Understanding
Between
Desert Healthcare District
And
Coachella Valley Association of Governments
CV Link – Contingency and Conditions Update 09.10.19**

- Another public health and public safety concern is whether CV Link will attract homeless encampments, as it has happened in other areas in California, creating health, environment and public safety hazards, including trash, needles, human waste and the potential outbreaks of communicable infectious diseases.
- The CV Link Master Plan outlines crime prevention through environment design and discusses a safety and security plan that will be developed and implemented with area police, fire chiefs and County Sheriffs; however, there is no Safety and Security budget planned.
- Additionally, a Federal Appeals Court ruling says, “if there is no option of sleeping indoors, the government cannot criminalize indigent, homeless people for sleeping outdoors, on public property, on the false premise they had a choice in the matter”.

COST ESTIMATES/CONSTRUCTION CONCERNS

- The construction budget dated 6/14/16 estimated a cost of \$100 million.
- It was stated that overall construction cost is an estimate and actual cost will be determined by contracting bids.
- The opt-out by Rancho Mirage and Indian Wells would reduce the original 50 miles by 8 miles. This reduction represents 16% of the total length of the trail. What impact does this have on the cost estimate and a revised master plan?



Date: September 10, 2019

To: Program Committee

Subject: Grant # 1017 Jewish Family Service of the Desert

Grant Request: Preventing Homelessness Among Coachella Valley Residents with Low Incomes

Amount Requested: \$90,000

Project Period: 10/1/2019 to 9/30/2020

Project Description and Use of District Funds: To keep at-risk residents in their homes, JFS provides case management services to help improve financial stability, prevent homelessness, and connect residents to critical community resources. Case management may include emergency financial assistance with rent, utilities, medication, and dental payments, and house repairs, as well as assistance navigating the complex low-income housing processes. A significant amount of staff time is spent through office visits, telephone interventions, and home visits in which JFS case managers support clients by strategizing solutions (e.g., applying for Section 8 housing) to help ensure long-term housing stability.

First, JFS case managers conduct a thorough screening of all emergency requests, obtain the required documentation, and verify income/need. They also serve as client advocates, coordinating intervention with other assisting agencies, such as Social Security and Adult Protective Services. JFS's executive director reviews all requests for emergency assistance; once need has been determined and all other means of financial assistance have been exhausted, the executive director will approve the request. Then case managers coordinate services with landlords, utility companies, and other vendors to pay bills directly.

Early this year during the federal government shutdown, JFS expanded emergency assistance to persons of all ages, providing case management screenings for approximately 1,100 individuals — a 45% increase from the previous year, during which 759 seniors were served. To accommodate the increased number of individuals requesting services, JFS requests \$90,000 to support salaries for case management staff.

Strategic Plan Alignment: Homelessness



Geographic Area(s) Served: All District Areas

Action by Program Committee: (Please select one)

- Full recommendation and forward to the Board for consideration with the committee's recommendation that a grant amount of \$90,000 be approved
- Recommendation with modifications
- Deny

2019 Grant Request Summary

Jewish Family Service of the Desert, Grant #1017

About the Organization

Jewish Family Service of the Desert
 490 S. Farrell Drive, Suite C208
 Palm Springs, CA 92262
 Tel: (760) 325-4088
 Fax: (760) 778-3781
<http://www.jfsdesert.org>

Organization Type:

501(c)(3) \Medical

Primary Contact:

Maureen Forman
 Tel: (760) 325-4088 ext. 105
 Fax: (760) 778-3781
mforman@jfsdesert.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1998	grant # 199-028	\$3,000	Grant	6/30/1999	
1998	grant # 199-007	\$25,000	Grant	6/30/1999	
1999	grant # 2000-016	\$12,450	Grant	6/30/2000	
1999	grant 2000-007-p	\$25,000	Grant	6/30/2000	
2000	grant # 2001-095	\$25,000	Grant	6/30/2001	
2000	grant 2001-044	\$3,000	Grant	6/30/2001	
2002	Grant Writer	\$0	Grant	7/23/2002	
2002	PHI: Mental Health Collaborative	\$0	Grant	1/28/2003	
2003	Solutions for Seniors (geriatric case management)	\$10,000	Grant	6/15/2004	Grant budget
2003	DMHC - Preventive Health Initiative continuation project.	\$62,601	Grant	6/22/2004	
2006	Nightengale Manor - Supportive Services	\$117,595	Grant	11/28/2006	Grant budget
2007	Case Management & Supportive Services for Families at Nightengale Manor	\$110,636	Grant	1/22/2008	Grant budget
2008	Solutions for Seniors - summer food distribution	\$2,500	Grant	8/4/2008	Grant budget
2008	Nightengale Manor Supportive Case Management	\$107,964	Grant	1/27/2009	Grant budget
2008	Alleviating food insecurity for District residents in need	\$5,000	Food Assistance	2/23/2009	Grant budget
2010	Alleviating Food Insecurity for District Residents	\$5,000	Food Assistance	8/26/2010	Grant budget

2010	KidsFirst	\$44,905	Improving Lives	1/25/2011	Grant budget
2012	Mental Health Counseling Program for Low-Income Coachella Valley Residents	\$60,000	Achievement Building	11/27/2012	Grant budget
2012	KidsFirst Healthy Life Project	\$75,000	Grant	6/25/2013	Grant budget
2013	Mental Health Counseling Program for Low-Income Coachella Valley Residents	\$95,000	Grant	5/27/2014	Grant budget
2015	Mental Health Outpatient Treatment Services for Low-Income Coachella Valley Residents	\$497,411	Achievement Building	11/17/2015	Grant budget

Proposal

Project Title: Preventing Homelessness Among Coachella Valley Residents with Low Incomes

Total Project Budget: \$590,788

Requested Amount: \$90,000

Length of Project: 12 months

Start Date: 10/1/2019

End Date: 9/30/2020

Background:

Background

When financial crises occur, Coachella Valley’s most vulnerable residents risk losing their housing. With limited short-term support and connection to community services, such emergencies can be weathered, preserving self-sufficiency and preventing homelessness, while reducing the drain on public funds and community resources. To meet this need, Jewish Family Service of the Desert (JFS) provides case management, including emergency financial assistance for expenses such as rent and utilities and assistance navigating the low-income housing process. JFS has provided these services to seniors since 1999 and expanded the program in 2019 to serve adults and families living on low to moderate incomes.

Community Health Focus Area

Homelessness

Community Need:

The high cost of living in the Coachella Valley combined with the high proportion of seniors on fixed incomes and adults earning low wages in service industry and agricultural jobs threaten housing stability for many residents. Unable to respond to financial emergencies, one unexpected bill can lead to their inability to pay rent or utilities, and they could face eviction and end up becoming homeless. To keep at-risk residents in their homes, JFS offers assistance with rent and utility, medication and dental payments, as well as house repairs and navigation of complex low-income housing processes. JFS case managers pay bills directly and serve as client advocates, coordinating intervention with other assistances agencies, such as Social Security and Adult Protective Services. This year during the federal government shutdown, JFS expanded emergency assistance to persons of all ages, providing case management screenings for approximately 1,100 individuals. This represents a 45% increase from the previous year, during which 759 seniors were served. Multiple pass-through grants have been approved to support emergency assistance, including one from CDBG; however, none support case management salaries. To accommodate the increased number of individuals requesting

services, JFS requests \$90,000 to support salaries for case management staff. During the project period from October 1, 2019 to September 30, 2020, a projected 1,311 Coachella Valley residents will receive case management screenings to help improve financial stability, prevent homelessness, and be connected to critical community resources. JFS is grateful for the DHCD's continued assistance and is fully supportive of the district's expansion to cover the entire Coachella Valley.

The high cost of living in the Coachella Valley, combined with the high proportion of seniors on fixed incomes and adults earning low wages in service industry and agricultural jobs, threatens housing stability for many residents. In 2016, HARC reported that 32% of the Coachella Valley's population is age 55 or older, representing 127,259 residents; 15.1% of seniors live in homes that fall at or below the Federal Poverty Line (FPL) and 14,474 seniors are living in poverty. According to the California Healthy Places Index, approximately 43.4% of Coachella Valley adults ages 18-64 earn less than 200% of poverty level (a higher percentage than 64.4% of other cities) and 27% lack health insurance (more than in 73.4% of other CA cities), which increases income inequality. Families with children under the age of 18 in Riverside County are more likely to live below the poverty line (19.2% in Palm Springs and 17.4% Riverside County, compared to 16.7% in California).

One unexpected bill for seniors or families living on low incomes can lead to an inability to pay rent or utilities and they could face eviction and end up becoming homeless. Of particular concern is the lack of regulation surrounding rents for mobile home lots. According to the County of Riverside, there are approximately 200 trailer/mobile home parks in the Coachella Valley. JFS has found that, even when residents own a mobile home, the rent for the lots can be raised without cause or fair notice, resulting in an immediate housing crisis.

This project directly aligns with the DHCD Community Focus Areas as a homelessness diversion strategy by resolving the emergency financial crises of the region's most vulnerable residents and allowing them to retain their housing.

Program Area

Direct Services\Emergency Services ;Direct Services\Other

Project Description:

To keep at-risk residents in their homes, JFS provides case management services to help improve financial stability, prevent homelessness, and connect residents to critical community resources. Case management may include emergency financial assistance with rent, utilities, medication, and dental payments, and house repairs, as well as assistance navigating the complex low-income housing processes. A significant amount of staff time is spent through office visits, telephone interventions, and home visits in which JFS case managers support clients by strategizing solutions (e.g., applying for Section 8 housing) to help ensure long-term housing stability.

First, JFS case managers conduct a thorough screening of all emergency requests, obtain the required documentation, and verify income/need. They also serve as client advocates, coordinating intervention with other assistance agencies, such as Social Security and Adult Protective Services. JFS's Executive Director reviews all requests for emergency assistance; once need has been determined and all other means of financial assistance have been exhausted, the Executive Director will approve the request. Then case managers coordinate services with landlords, utility companies, and other vendors to pay bills directly.

Early this year during the federal government shutdown, JFS expanded emergency assistance to persons of all ages, providing case management screenings for approximately 1,100 individuals—a 45% increase from the previous year, during which 759 seniors were served. To

accommodate the increased number of individuals requesting services, JFS requests \$90,000 to support salaries for case management staff.

Proposed Program / Project Evaluation Plan

Quantitative evaluation is primarily measured through reports generated from the JFS Electronic Health Records (EHR) database, which is developed and maintained by Welligent, Inc. Clients complete an intake form in consultation with an intake coordinator prior to receiving services. The coordinator enters client data into the EHR database that is used to collect and report quantitative data, including name, address, birthdate, household income, insurance, ethnicity and other information. Case managers then utilize the database to track case management, financial assistance, transportation, and other services received.

Qualitative evaluation is primarily evaluated based on surveys provided to clients, which are administered by program staff with results tracked and analyzed via an Excel spreadsheet. JFS staff follow up with clients to make sure that services are provided by vendors, and have found that calling clients to provide surveys over the phone increases the number of responses received. This contact also provides the opportunity for JFS case managers to assess clients for any additional services, determine whether the emergency assistance resolved their financial problem, if they have become more financially stable, and if their overall quality of life has improved.

Program/Project Goals and Evaluation

<p>Goal #1: By December 2019, JFS will hire an additional full-time case manager. This will increase the organization’s capacity to meet demand for the expanding case management program.</p>	<p>Evaluation #1: Hiring will be overseen by JFS Executive Director Maureen Forman in conjunction with human resources. Maureen has a master’s degree in social work from U.C. Berkeley with an emphasis on community mental health. Prior to joining JFS in 2011, she spent a combined 16 years as supervisor of clinical social services at Eisenhower Medical Center and JFK Memorial Hospital.</p>
<p>Goal #2: By September 30, 2020, at least 1,311 individuals will be served through the expanded case management program.</p>	<p>Evaluation #2: Participation will be documented in intake/assessment forms administered by program staff and kept in the EHR database.</p>
<p>Goal #3: By September 30, 2020, JFS will provide 542 clients (out of 1,311 case management clients) with emergency financial assistance.</p>	<p>Evaluation #3: Participation will be documented in intake/assessment forms administered by program staff and kept in the EHR database.</p>
<p>Goal #4: By September 30, 2020, 70% of clients who receive emergency financial assistance will report that emergency financial assistance has helped to resolve their immediate financial crisis.</p>	<p>Evaluation #4: Client surveys are conducted by program staff, during which clients are asked the following four evaluation statements and asked to reply “agree,” “disagree,” or “not applicable”:</p> <ol style="list-style-type: none"> 1. Working with JFS provided me with greater information about community resources. 2. Working with JFS helped me resolve my emergency or made me more financially stable. 3. Working with JFS has improved the quality of my life. 4. I would recommend JFS services to others. <p>Data is tracked in an Excel spreadsheet for analysis and reporting.</p>

<p>Goal #5: By September 30, 2020, 60% of clients who receive emergency assistance will report an increase in their quality of life.</p>	<p>Evaluation #5: Client surveys are conducted by program staff, during which clients are asked the following four evaluation statements and asked to reply “agree,” “disagree,” or “not applicable”:</p> <ol style="list-style-type: none"> 1. Working with JFS provided me with greater information about community resources. 2. Working with JFS helped me resolve my emergency or made me more financially stable. 3. Working with JFS has improved the quality of my life. 4. I would recommend JFS services to others. <p>Data is tracked in an Excel spreadsheet for analysis and reporting.</p>
---	---

Participants:

Population Served

Adults (25-64 years old)

Geographical Area Served

All District Areas

Age Group

(18-24) Youth
 (25-64) Adults
 (65+) Seniors

Number Served Per Age Group

0-5: 0
6-17: 0
18-24: 53
25-64: 471
65 or more: 787
Total: 1,311

Participant Community

An estimated 1,311 Coachella Valley residents will benefit, including 787 seniors on fixed incomes and 524 individuals and families earning low wages, with 2% being female heads of household and 2% disabled. Based on previous demographics, residents are likely to be 73% Caucasian, 18% American Indian or Alaskan Native, 8% Black, and 1% Native Hawaiian or Pacific Islander; and 18% Hispanic/Latino ethnicity across all races. Approximately 32% will be residents of Palm Springs, 18% Desert Hot Springs, 16% Cathedral City, 10% Palm Desert, 7% Indio, 5% Rancho Mirage, 3% LaQuinta, and 9% from other communities including Thousand Palms and Mecca.

Organizational Capacity and Sustainability

Organizational Capacity

JFS has served the Coachella Valley community for 36 years and was established to meet the Coachella Valley’s significant unmet need for social services. In fiscal year 2017-2018, 14 full-time and 3 part-time staff, along with 119 volunteers, served 2,538 Coachella Valley residents across all programs. Currently, JFS staff includes 15 full-time and 10 part-time employees, and

is comprised of licensed clinical social workers, licensed marriage and family therapists, master's-level counselors, NAPGCM credentialed care manager, senior care manager (LMFT), intake coordinator, volunteer coordinator, community liaison, and transportation coordinator. Bilingual staff members are also available to assist Spanish-speaking clients.

Organizational Sustainability:

Case management is a primary program within the JFS strategic plan, which also highlights the importance of maintaining capacity and ensuring the organization's sustainability. Procuring funding for case management and emergency assistance services has historically been one of JFS's biggest challenges, as the need is ever increasing. Fortunately, JFS's work has been recognized with support from The Jewish Federation of the Desert, as well as United Way of the Desert, Pacific Western Bank, Grace Helen Spearman Foundation, Coachella Valley Wellness Foundation, the city of Palm Springs, and several other requests for support are pending.

JFS continues to aggressively seek additional funding from corporations, private foundations, tribes, and municipal funding sources for this vital program. In the event of funding gaps, the case management program will remain a priority, and JFS will endeavor to continue its expansion of the services through reserve funds and applying for additional grants from other sources. However, without support for case management staff salaries, the number of clients may need to be reduced, risking the chance of some seniors and/or individuals and families with low incomes becoming homeless.

Partnerships:

Key Partners:

JFS actively collaborates with, receives referrals from, and provides referrals to, numerous local service providers, and this program is an integral part of the community's homelessness prevention efforts.

JFS has taken a lead role in spearheading a Senior Care Management Collaborative group of multiple senior care providers including the senior centers, APS, Office on Aging, Salvation Army, Catholic Charities, Martha's Village, Coachella Valley Rescue Mission and Well in the Desert. Letters of support from Cathedral City Senior Center and Senior Advocates of the Desert are included with this proposal. The Senior Collaborative created an inter-agency spreadsheet that is updated monthly reflecting which agency currently has emergency funding for seniors. This allows for a reduction in duplication of services, increased efficiencies and greater coordination of immediate case management responses to the needs of seniors throughout the Coachella Valley. Recently, the Senior Collaborative joined with a new statewide partner, Tenants Together, to advocate for rent control, since the lack of this safeguard can result in seniors losing their housing.

Because many of the organizations in the Senior Collaborative work with clients of all ages, these partnerships will deepen to include the non-seniors receiving emergency assistance from JFS. JFS also collaborates with numerous other organizations, agencies and institutions, including the Arthritis Foundation, the Desert Cancer Foundation, the Braille Institute, Desert AIDS Project, Neurovitality Center, Eisenhower Medical Center, Desert Regional and JFK Medical Centers among others. Additionally, JFS is listed on Riverside County's 211 Information and Referral line, CVHIP, and Connect IE.

Line Item Budget - Sheet 1 Operational Costs

Approved budgets are the basis for reporting all grant expenditures. Line items may not be added or changed without grant amendment. Prior authorization is required for transferring funds (<10%) between existing line items. Describe budget narrative in cell B38. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.

PROGRAM OPERATIONS		Total Program Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Labor Costs	Detail on sheet 2	417,680	327,680	90,000
Equipment (itemize)				
1	Leasing/maint alloc of office equipt	1,990	1,990	
2		-		
3		-		
4		-		
Supplies (itemize)				
1	Program/office supplies	2,554	2,554	
2		-		
3		-		
4		-		
Printing/Duplication		721	721	
Mailing/Postage/Delivery		899	899	
Travel		1,350	1,350	
Education/Training		-		
Facilities (Detail)				
	Office/Rent/Mortgage	19,621	19,621	
	Meeting Room Rental	-		
	Telephone/Fax/Internet	999	999	
	Utilities	-		
	Insurance	3,469	3,469	
	Maintenance/Janitorial	535	535	
	Other Facility costs (itemize)			
1		-		
2		-		
3		-		
4		-		
Other Program Costs not described above (itemize)				
1	Emergency Financial Assistance	138,300	138,300	

Line Item Budget - Sheet 1 Operational Costs

2	Electronic Health Record	2,670	2,670	
3		-		
4		-		
Total Program Budget				
		590,788	500,788	90,000
Budget Narrative	<p style="color: red; margin: 0;">A) Equipment: Total organization annual Leasing/Equipment maintenance cost \$9,520 x 20.9% (Case Management program allocation of annual agency cost)</p> <p style="color: red; margin: 0;">B) Program/Office Supplies: Total agency annual Office Supplies \$12,220 x 20.9% allocation</p> <p style="color: red; margin: 0;">C) Printing/Duplication: Total agency annual Copying/General Printing cost \$3,450 x 20.9% allocation</p> <p style="color: red; margin: 0;">D) Mailing/Postage/Delivery: Total agency annual Postage agency cost \$4,300 x 20.9% allocation E)</p> <p style="color: red; margin: 0;">Travel: \$1,350 is total program annual cost for staff/volunteers mileage reimbursement</p> <p style="color: red; margin: 0;">F) Office/Rent/Mortgage: Total agency annual Rent cost \$93,880 x 20.9% allocation</p> <p style="color: red; margin: 0;">G) Telephone/Fax/Internet: Total agency annual Telephone cost \$4,780 x 20.9% allocation</p> <p style="color: red; margin: 0;">H) Insurance: Total agency annual Insurance cost \$16,600 x 20.9% allocation I)</p> <p style="color: red; margin: 0;">Maintenance/Janitorial: Total agency annual Janitorial and Building Maintenance cost \$2,560 x 20.9% allocation</p> <p style="color: red; margin: 0;">J) Other Program Costs: Total annual Emergency Financial Assistance \$138,300 provided to the community for rent, utilities, medical, and other purposes; total agency annual Electronic Health Record cost \$15,524 x 20% program allocation</p>			

Line Item Budget
Sheet 2 - Labor Costs

Staff Salaries			% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title		Annual Salary			
1	Case Manager 1	67,095	100%	67,095	60,000
2	Case Manager 2	46,904	52%	24,390	20,000
3	LMFT Counselor	79,104	25%	19,776	10,000
4	Program Support - Ops	79,104	25%	19,776	
5	Program Support - Exec Dir	153,901	25%	38,475	
6	Program Support - Asst Exec Dir	79,104	20%	15,821	
7	Program Support - Fin Svcs	79,104	35%	27,686	
8					
<i>Enter this amount in Section 1, Employee Salaries</i>				Total >	90,000
Budget Narrative	Case Mgr 1 \$52,418 salary + 28% benefits, provides case management; Case Mgr 2 \$41,482 salary + 13.07% benefits (part-time), provides case management; LMFT Counselor \$61,800 salary + 28% benefits, provides counseling; Dir IT & Ops \$61,800 salary + 28% benefits, provides program support of EHR system; Exec Dir \$120,235 salary + 28% benefits, oversight of program; Asst Exec Dir \$61,800 salary + 28% benefits, oversight of program; Dir Fin & Acctg \$61,800 + 28% benefits, provides program support on financial assistance				
Consultants/Contractors					Amount of Salary Paid by DHCD Grant
Consultant/Contractor Name		Hourly Rate	Hours/Week	Monthly Fee	
1					
2					
3					
4					
5					
6					
7					
8					

Line Item Budget
Sheet 2 - Labor Costs

<i>Enter this amount in Section 1, Professional Services/Consultants</i>		Total >	0
Budget Narrative	Fully describe costs listed above in this cell (B24).		

Line Item Budget - Other Program Funds

Funding for this program received from other sources		Amount
Fees		40,500
Donations		15,300
Grants (List Organizations)		
	1 Grants	271,880
	2	
	3	
	4	
Fundraising (describe nature of fundraiser)		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
	1	
	2	
	3	
	4	
Total funding in addition to DHCD request		327,680

Line Item Budget - Other Program Funds

<p style="text-align: center;">Budget Narrative</p>	<p>A) Budgeted revenues for Fees from counseling \$40,500 (projected) B) Budgeted revenues from Donations \$15,300 (projected) C) Budgeted funding from Grants \$271,880 (projected)</p>
---	--

Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 10

Need and Alignment: 10

Goals: 10

Evaluation: 10

Organizational Capacity: 10

Organizational Sustainability: 10

Budget: 10

Percent of Funding Requested: 10

Fiduciary Compliance: 10

Financial Stability: 10

Key Partners/Collaborations: 10

Total Score: 109.00

Reviewer Comments: Lack of mental health services in the Coachella Valley is ongoing and a growing crisis. The Desert Healthcare District has supported JFS mental health counseling services over the past several years. We are impressed with the outstanding services provided by their highly skilled clinicians, resulting in evidence-based outcomes that are replicated valley-wide. Their therapists deal with a variety of issues that affect all residents including depression, anxiety, substance abuse, grief and loss, and marital conflict, among others. They have established their credibility as being a professional organization committed to providing critically needed mental health services to the most vulnerable members of our community.

Response Notes:

Average Review Score: Staff Review Stage: 108.5 (2 of 2)

Sum of all Reviews: Staff Review Stage: 217 (2 of 2)

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 10

Need and Alignment: 9

Goals: 10

Evaluation: 9

Organizational Capacity: 10

Organizational Sustainability: 10

Budget: 10

Percent of Funding Requested: 10

Fiduciary Compliance: 10

Financial Stability: 10

Key Partners/Collaborations: 10

Total Score: 108.00

Reviewer Comments: Grant is recommended for approval. JFS of the Desert is a model organization and the proposed grant application is a great example. Each section is clearly written and supported with data and/or a clear explanation. The program falls under the DHCD community health focus area of homelessness, and meets a key community need.

Response Notes:

Average Review Score: Staff Review Stage: 108.5 (2 of 2)

Sum of all Reviews: Staff Review Stage: 217 (2 of 2)



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 10, 2019
To: Program Committee
Subject: Request for Proposals – Community Health Needs Assessment (CHNA)

Recommendation:

Consideration to recommend release of the Community Health Needs Assessment Request for Proposals and identify and establish a contract for negotiation.

Background:

- In June 2017, the Board of Directors of the Desert Healthcare District and Foundation approved a 3-year strategic plan with three defined Strategic Priorities through June 2020.
- The over-arching priorities include Providers, Facilities and Services, Valley-Wide Expansion, and Improved Community Health Status, and the four Community Health Focus Areas of homelessness; primary care and behavioral health access; healthy eating, active living; and quality, safety, accountability and transparency.
- On November 6, 2018, eastern Coachella Valley voters approved extending the District boundaries east of Cook Street, more than doubling the coverage area.
- The newly annexed boundaries of the District and Foundation created a new demographic and geographic landscape.
- With new boundaries and the 2017-2020 Strategic Plan sunseting, it is necessary to reassess the entire Coachella Valley and get a clear picture of the health needs to understand where the District and Foundation can target its efforts and make the greatest health impact.

Information:

- With the newly expanded service area, there will be a shift in health priorities that better represent the entire Coachella Valley.
- It is apparent that great health disparities exist in the Coachella Valley. It is the District's and Foundation's interest to promote equitable access to health resources and health outcomes through a new strategic plan which will ultimately be informed by the CHNA.
- A comprehensive CHNA will help to effectively allocate and drive investments and resources to areas of the most prioritized community health needs.
- The CHNA will identify community health needs and priorities, and it will provide a basis for future decision-making and monitoring.
- The CHNA proposal is included for your review and consideration.
- Staff is recommending the release of the request for proposals commissioning an assessment of the Coachella Valley residents' health needs and to identify and establish a contract for negotiation.

Fiscal Impact:

Not to exceed \$300,000.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

REQUEST FOR PROPOSALS (RFP)

RFP # 20191001

RELEASE DATE: October 1, 2019

COACHELLA VALLEY COMMUNITY HEALTH NEEDS ASSESSMENT

RFP SUBMISSION DATE: November 8, 2019

Proposal Contact: info@dhcd.org

DRAFT

DESERT HEALTHCARE DISTRICT AND FOUNDATION
Coachella Valley Community Health Needs Assessment

REQUEST FOR PROPOSALS
Table of Contents

I. TIMELINE..... 3

II. BACKGROUND 4

III. MISSION AND VISION 4

IV. PURPOSE OF REQUEST FOR PROPOSAL..... 5

V. PROPOSAL DELIVERABLES 5

VI. QUALIFICATIONS 6

VII. SCOPE OF WORK..... 7

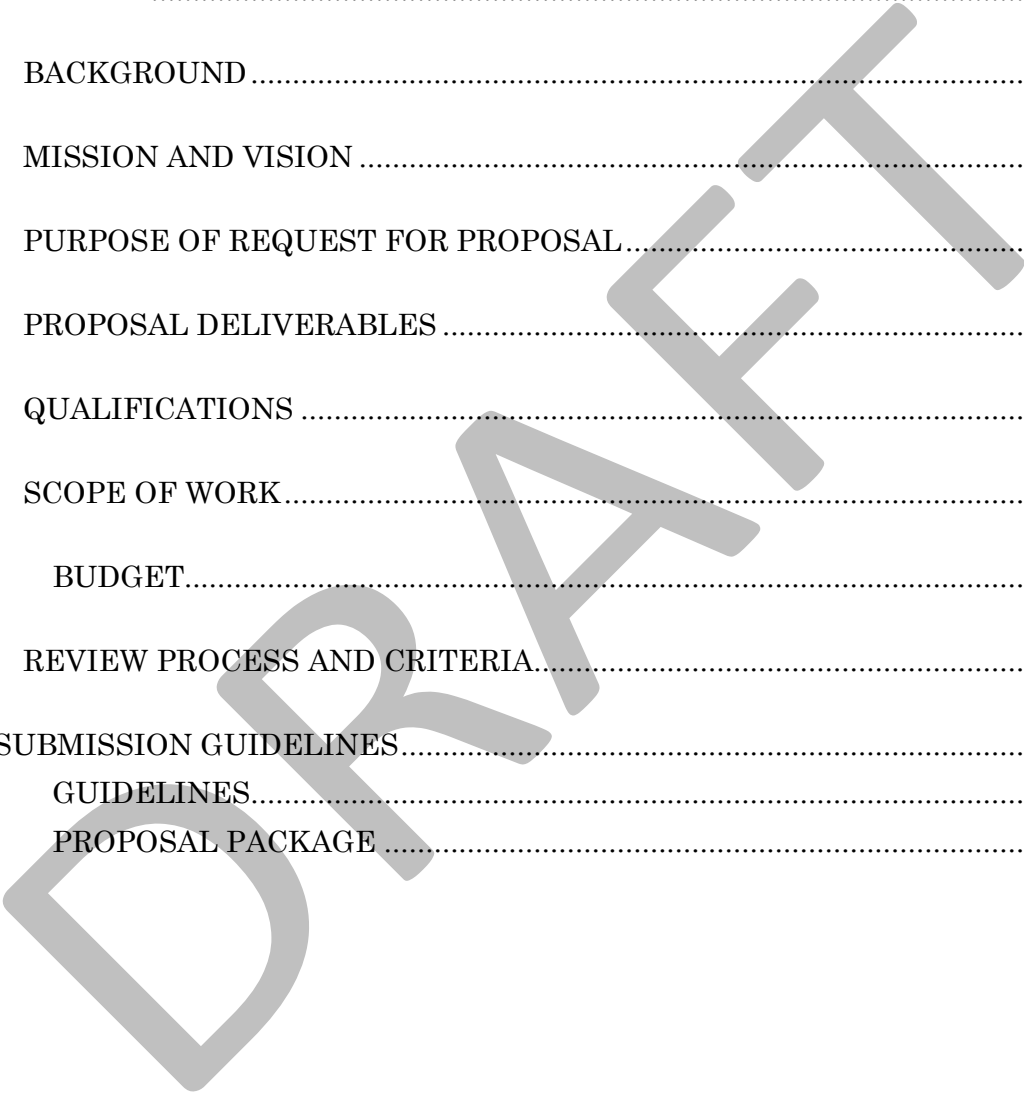
VIII. BUDGET..... 7

IX. REVIEW PROCESS AND CRITERIA..... 8

X. SUBMISSION GUIDELINES..... 9

 A. GUIDELINES..... 9

 B. PROPOSAL PACKAGE 9



I. TIMELINE

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

Date	Activity
September 26, 2019	Release Request for Proposals
October 3, 2019	Bidder's Conference (Webinar)
November 1, 2019	Last day to submit questions electronically to the Desert Healthcare District by 5:00 p.m.
November 8, 2019	Proposal Package due to the Desert Healthcare District via electronic submission to info@dhcd.org by 5:00 p.m.
November 11, 2019 – November 29, 2019	Proposals will be reviewed.
December 10, 2019	Award recommendations to Program Committee and Finance Committee.
December 17, 2019	Board of Directors' final approval at the December Board Meeting.
January 6, 2019	Contract begins.

All questions and requests for additional information regarding this RFP must be received electronically by the District and Foundation by 5:00 p.m. on November 1, 2019. The Desert Healthcare District and Foundation reserves the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions and information requests can be submitted to:

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

II. BACKGROUND

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

In June 2017, the Board of Directors of the Desert Healthcare District and Foundation approved a 3-year strategic plan with three defined Strategic Priorities through June 2020. The over-arching priorities include Providers, Facilities and Services, Valley-Wide Expansion, and Improved Community Health Status. Within the Strategic Plan priorities, the Board also identified four Community Health Focus Areas: homelessness; primary care and behavioral health access; healthy eating, active living; and quality, safety, accountability and transparency.

Addressing the strategic priority area of Valley-Wide Expansion, eastern Coachella Valley voters, on November 6, 2018, approved extending the District boundaries east of Cook Street, Palm Desert. More than doubling the coverage area, the expansion enlarged the District to include the rest of Palm Desert, as well as Indian Wells, La Quinta, Indio, Coachella, Bermuda Dunes, Thermal, Mecca, North Shore and other unincorporated communities.

The newly annexed boundaries of the District and Foundation created a new demographic and geographic landscape. With the newly expanded service area, it is anticipated that there will be a shift in health priorities that are representative of the entire valley. With the 2017-2020 Strategic Plan sunset, it is necessary to reassess the entire Coachella Valley and get a clear picture of the health needs to understand where the District and Foundation can target its efforts and make the greatest health impact. It is apparent that great health disparities exist in Coachella Valley. It is the District' and Foundation's interest to promote equitable access to health resources and health outcomes through a new strategic plan.

III. MISSION AND VISION

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

MISSION

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

VISION

Connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.

IV. PURPOSE OF REQUEST FOR PROPOSAL

The Desert Healthcare District and Foundation aims at effectively allocating resources and driving investments to areas of the most prioritized community health needs of the entire Coachella Valley. To that end, the District and Foundation is issuing a request for proposals commissioning an assessment of the Coachella Valley residents' health needs. The assessment will not only identify community health needs, it will also provide a basis for future decision-making and monitoring.

V. PROPOSAL DELIVERABLES

The qualified applicant will be responsible for the complete coordination, research, and writing of a fully comprehensive Community Health Needs Assessment (CHNA) with a focus on qualitative and quantitative data gathering and analysis. The applicant is required to include development and implementation of a resident-driven engagement process to involve the community, key stakeholders and subject matter experts throughout the entire scope of the project. The final report will be due to the Desert Healthcare District and Foundation on June 30, 2020. The selected applicant will be required to conduct the following activities as part of its completion of the CHNA requirements and deliverables:

A Community Health Needs Assessment report must include, but is not limited to, the following:

- An Executive Summary
- Purpose and goal of report
- Assessment approach, methods, and data limitations including engagement process
- Overview of Coachella Valley physical, demographic, and cultural landscape including, but not limited to:
 - Population characteristics
 - Social determinants of health
 - Health disparities as a metric for assessing health equity
- An overview or reference to relatable health assessments and reports previously conducted in the Coachella Valley throughout the report, as appropriate
- An assessment of the health needs of the community with a detailed analysis
- The identification, prioritization, and trends of the top five health needs in the community
- Needs by demographics (age, gender, race, income, educational status, etc.) under subject areas including, but not limited to, the following: poverty, education, employment, housing, health, food security, transportation, and childcare accessibility
- Community perceptions on the confounding and contributing factors of the top five health needs and strategic responses to the top five identified
- Outline key disparities in health outcomes by race and ethnicity
- An asset/resource mapping for services targeting the top five prioritized health issues
- A review of the breadth of healthcare access and use of preventive services
- Strengths, assets, gaps, and barriers to accessing healthcare in the Coachella Valley
- Create recommendations, with an equity lens, and possible solutions including:

- How best to address the top five health needs of the community
- Ways in which the District and Foundation can engage stakeholders in aligning around a community health improvement framework that is grounded in principles of health equity and population health
- Facilitate the development of a process to track actions taken to implement strategies to create a community health improvement plan
- Set measures and targets to monitor top five health needs over time
- Develop annual report template to monitor the community health improvement plan
- Develop annual reporting process for stakeholders to revisit progress and reassess priorities to update and revise the community health improvement plan strategies, activities, time frames, targets, assigned responsibilities, etc.
- Create a PowerPoint presentation outlining key findings throughout the entire Community Health Needs Assessment process

VI. QUALIFICATIONS

The Desert Healthcare District and Foundation is accepting proposals from qualified organizations to render professional services to conduct and produce a Community Health Needs Assessment. Applicants must demonstrate the following in order to be considered for selection of the Coachella Valley CHNA project:

- Knowledge and skills
 - Ability to design a strategic engagement approach for a diverse community, conduct formative research, qualitative and quantitative data collection, and data analysis
 - Demonstrate relatable work experience
 - The applicant strongly demonstrates credibility for this kind of work (i.e. strength, name recognition, and a history of achievements)
 - The proposal should include three references who can speak to their experience in conducting projects of similar scope
- Applicant has the capacity and infrastructure to execute proposal
- Financial stability
 - The applicant strongly demonstrates a financial history that shows a continuous cycle of fiduciary responsibility and sustainability
 - Applicant will be subject to a financial stability review
- Other desired qualifications
 - Sensitivity to the cultural and demographic diversity of communities throughout the Coachella Valley
 - Facilitate effective and appropriate communication, problem-solving, and planning methods with various stakeholders and residential communities
 - Ability to coordinate a resident-engaged process and approach
 - Ability to perform other duties which may be deemed necessary and appropriate

VII. SCOPE OF WORK

The applicant will create a scope of work and submit within the Proposal Package (Section X), addressing how the organization will lead a community-driven collaborative process resulting in a comprehensive Community Health Needs Assessment, producing the project deliverables, as detailed in Section V, by June 30, 2020. The applicant will be responsible for the content layout, design, and research integrity of all data, with flexibility as determined by the Desert Healthcare District and Foundation. The applicant will use relevant and appropriate quantitative and qualitative methodologies to systematically research, collect, summarize, map, analyze, and make conclusions from data and information on the entire Coachella Valley.

Applicant will develop a proposed project plan, including the process and methodology that will be used to conduct the assessment and meet all project deliverables. Preference will be given to applicants that:

- Incorporate the nine-step guide from the Association for Community Health Improvement's Community Health Assessment Toolkit.
- Integrate the Healthy People 2020 framework to assessing Social Determinants of Health key indicators and underlying factors in their proposed work. Please reference: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Applicant will highlight how they will adhere to the administrative responsibilities and duties listed below:

- Attend all meetings either in person, by telephone, or other electronic means with designated Desert Healthcare District and Foundation staff and Board members
- Provide biweekly progress updates of the development of the CHNA
- Conduct research using an approach that ensures accurate, up-to-date, and ethical methods and materials
- Write and submit multiple drafts throughout the contract
- Review, edit and take into consideration all District and Foundation staff and Board of Directors comments and concerns
- Convey to the District and Foundation all documentation and data related to the production of the CHNA with the understanding that the District and Foundation is the sole owner of the Community Health Needs Assessment
- Present findings to the Desert Healthcare District and Foundation's committees and Board meeting during the month of July 2020 for final approval

VIII. BUDGET

The budget is specific and reasonable, and all items strongly align with the described project. The budget strongly demonstrates financial clarity and tells the same story as the proposal narrative and does not exceed \$300,000.

IX. REVIEW PROCESS AND CRITERIA

A Review Committee will be formed for the purpose of leading a detailed review process and making recommendations to the Desert Healthcare District and Foundation's committees and Board of Directors. Award of the contract will be determined based on how each proposal meets the threshold criteria outlined in sections V and VII.

The final proposal will be selected based upon the applicant's capacity, functionality, experience, quality of past work, budget, and other factors as outlined elsewhere in this RFP through a two-phase review process listed below.

Phase 1:

The Review Committee will consider the following criteria during the recommendation process:

- Applicant's eligibility and qualifications.
- Applicant's ability and capacity to meet proposal requirements including the completeness of proposal.
- Skill and experience of key personnel.
- Demonstrated experience with Community Health Needs Assessments or similar projects.
- Detailed approach and methods for project completion.
- Compliance with administrative requirements of the request for proposal format, due dates, etc.
- Results of communications with references supplied by applicants.
- Ability and commitment to meeting time deadlines.
- Contractor's financial stability.
- Outlined budget.
- Community Health Assessment Methodology.
- Integration of Healthy People 2020 framework to assessing Social Determinants of Health indicators in their proposed work.
- All proposals will be scored and the proposal with the highest score will be selected.

Proposals that are incomplete or do not meet the minimum requirements are subject to disqualification.

Phase 2:

The Review Committee will consider each proposal resulting from this RFP and make a recommendation to the Desert Healthcare District and Foundation Committees and Board of Directors. The Board of Directors will make the final approval during the December Board meeting. The Desert Healthcare District and Foundation will consider proposals based on their relative merit, risk and values to the District and can reject any or all offers during this RFP process without obligation or liability to any potential contractors.

X. SUBMISSION GUIDELINES

A. GUIDELINES

The submitted proposals must follow the below guidelines to be considered for selection:

- The proposal should not exceed six (6) pages total, not including the cover letter or any appendices
- Times New Roman Font, 12-point
- All pages and page number must be numbered sequentially with the name of applicant organization at the top of each page
- Include a table of contents with page numbers

B. PROPOSAL PACKAGE

To be considered for selection, a complete proposal package must include all items detailed below:

- 1) **Cover Page:** Provide name of organization, address, website, and primary contact person with email and phone.
- 2) **Table of Contents:** A table of contents must be submitted outlining all sections of the proposal package with corresponding page numbers.
- 3) **General:** Provide an overview of your organization and describe how your firm is capable of meeting the terms and conditions of this project.
- 4) **Expertise:** Describe your organization's expertise in conducting relatable projects and any characteristics of the organization which make it especially qualified to perform required work activities. Please discuss your firm's involvement with similar agencies to the Desert Healthcare District and Foundation.
- 5) **Key Staff:** Provide a list of proposed staff for this work. Include each person's curriculum vitae in the attachments. Please provide full contact information for your firm's primary contact and the person responsible for project communication between your firm and the Desert Healthcare District and Foundation.
- 6) **References:** Please provide contact information for three customer references for work you have done that is relevant to this effort. Information regarding each reference should include the individual's name, address, telephone number and email address.
- 7) **Work Examples:** Please provide examples from projects you or your firm has successfully completed that are similar to the Desert Healthcare District and Foundation Community Health Needs Assessment project. Electronic links to relevant documents or websites will be acceptable.
- 8) **Approach and Methods to Deliverables (Section V) and Scope of Work (Section VII) Requirements:** Develop a proposed project plan and describe in detail the approach and specific methods your firm will use to produce the Deliverables and Scope of Work details described in this RFP. Preference will be given to applicants that incorporate the nine-step guide from the Association for

Community Health Improvement's Community Health Assessment Toolkit and integrate the Healthy People 2020 framework to assessing Social Determinants of Health indicators. Make sure to describe in detail, the following:

- a. Applicant will develop a proposed project plan, including the design, methods, and analysis techniques for use in collecting quantitative and qualitative data on health priorities, barriers, and meet all project deliverables. Please, include how you will:
 - i. Identify existing data sources that will be used for analysis. Include plan to gather quantitative and qualitative data that are representative of community members throughout the service area of the District.
 - ii. Identify data gaps and your plan to obtain missing data, if feasible.
 - iii. Identify the five greatest health needs across the Coachella Valley.
 - iv. Develop a plan to make strong conclusions based on data collected and district residents' input, incorporating a racial equity framework to show how needs are experienced by different groups.
 - v. Help the District monitor the top five health needs of the community (dashboard).
 - b. The methods and analysis techniques that will be utilized for extensive secondary data collection.
 - c. Processes you will use to ensure collaboration with residents and public and private health and healthcare stakeholders across the entire Coachella Valley.
- 9) **Work Plan and Timeline:** Provide a realistic and detailed work plan for the deliverables you are to complete. Display the work plan in a timeline format that ensures the final Community Health Needs Assessment is completed by June 30, 2020. Provide details for the work to be completed each month and the person or position responsible for tasks.
- a. Provide a list of project deliverables with a detailed timeline for each deliverable and overall project completion for the Comprehensive Community Needs Assessment.
 - b. If subcontractors will be used, include tasks delegated to them.
- 10) **Budget:** Provide an understandable and clearly delineated cost proposal. Include an estimate of hours for all project staff and describe key roles and responsibilities for each. Additionally, please include a cost breakdown for all indirect and direct expenses.
- a. For budget purposes, assume at least three trips to meet on-site with the District and Foundation staff over the course of the contract. Additionally, the applicant will be expected to give at least two presentations to the Desert Healthcare District and Foundation, with one being a presentation to the District's Program Committee and one being a presentation of a final report to the Desert Healthcare District and Foundation Board of Directors during its July 2020 Board Meeting.