



Date: February 27, 2018  
To: BOARD OF DIRECTORS  
Subject: RESOURCES AND PHILANTHROPY PROGRAM  
Community Health Focus Area: Primary Care and Behavioral Health  
Access  
Progress Report -- Draft of Action Plan on *Behavioral Health*

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Per the Board's direction, the Resource and Philanthropic Team has moved aggressively to develop a DRAFT Plan of Action that seeks to establish a Collective Fund for Behavioral Health. The Collective Fund for Behavioral Health will broadly model the proactive philanthropic approach you have established in your comprehensive three-year Strategic Plan and specifically with your \$2 million investment in the well-regarded West Valley Homeless Initiative. As you will remember, Behavioral Health has been identified as the Board's other #1 issue in your Strategic Plan.

**Discussion Goal:** Staff seeks Board feedback and input into:

- 1) The draft Action Plan's draft elements (see below for summary and attached for detail);
- 2) Consideration of a potential similar investment in Behavioral (over the current and next fiscal years).

**Background:** Prior Funding and Stakeholders

- 1) **Prior Funding:** The Healthcare District/Foundation has made, over the past 5 years, a significant investment in Behavioral Health programs, services and capital investment, with over \$720,000 to Capital Improvements and \$2.7 million to programs and services that are tied directly to the Behavioral Health (more spent on mental health than substance use services) and \$2.3 million on Indirect service related Behavioral Health for a total investment of \$5.7 Million. See attached document "Behavioral Health Funding."

- 2) Stakeholder Discussions: Since January 23 Board meeting, Staff and CEO have participated in numerous stakeholder and service provider meetings to further our understanding of the many community efforts focused on behavioral health along with the challenges being faced by service providers. The Draft Plan of Action concepts represent how we would like to move forward that is reflective of the DHCD/F 3-year strategic plan and acknowledgment of the Board's priorities in taking a leadership role in addressing the health disparities related to Behavioral Health.

**Summary of Draft Action Plan (Other Elements Under Development):**

- 1) Short-Term Proactive Grant Funding – Desert Hot Springs High School Collaborative Initiative - Timeframe: 03/18 – 06/18
- 2) Short-Term Proactive Grant Funding – UCR School of Medicine, Health Mobile Unit - Timeframe: 03/18 -07/18
- 3) Short-Term – Staff-Led Behavioral Health Public Engagement - Timeframe: 03/18-06/18
- 4) Medium-Term – Development of Collective Impact\* model (including community engagement consultant) funded by a Collective Fund.\*\* - Timeframe - 06/18-04/19

**Define:**

\*The Collective Impact approach is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favor of a common agenda, shared measurement and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert.

\*\*Collective Funds are designed to align interests, leverage significant resources, educate new and experienced donors, build capacity and achieve a common mission. Participants bring separate organizations into a new structure with full commitment to the common mission and a shared intention of leveraging combined resources to affect the desired outcome.

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### *Short Term - Move into Action*

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Since the January 23 Board meeting, Staff has identified two potential programs that would meet the “Move into Action” towards Community Health Focus Area: #2 Primary Care and Behavioral health Access: with a nexus to Priority #1 New Providers, Facilities, Programs, and Services. We are currently working with all partners to develop out the final details to present to the board at the March Board meeting; however due to the types of programs it is the staffs thought process that both programs would be funded out of the current allocated Grant budget for 2017-18 or out of a Collective Fund – to be considered by the Board.

These programs have been identified as having opportunities that will generate data and baseline information that will support the longer-term initiative for measurable outcomes.

#### **Short Term: Proactive Grant Funding**

Identified Possible Program:

Timeline: March – July 2018

A.

Implement a program in the Desert Hot Springs High School as an initial collaborative initiative. Program will be reflective of a similar program to be offered in the East at Indio and Coachella High School via the Health Academies.

- Co-creators will involve, but not limited to, DHS High School Wellness Council, Jewish Family Services of the Desert, OneFuture Coachella Valley, Safe House (What’s Up) - Program will train student leaders to embed mental health education and resource information into existing curriculum or expand upon.

Program will:

- Promote and increase resiliency
- Educate peer to peer evidenced based model to reduce stigma associated with obtaining mental health services and/ or increase understanding of signs and symptoms of mental health issues and provide resources
- Collaboration of partners
- Curriculum will focus on depression/ substance abuse / bullying / suicide and reduce self-harm.

#### **Why:**

The program meets two current key community/ statistically identified needs; Behavioral health awareness with access to resources, and development of a future workforce.

It is a replica of an existing plan with the customization to meet identified community need, hence the importance of co-development of final program description driven by community and stakeholders.

It establishes the development of collaboration and continuity of efforts and the ability to compare high level results to like kind program being offered in the East Valley.

Identified Possible Program

Timeline: March – July 2018

B.

UCR School of Medicine, Health Mobile Unit is currently under inquiry: Mobile unit is an expansion of the current UCR Care Street Medicine Program currently being offered on biweekly basis to service the homeless and underserved populations of Palm Springs.

The addition of a Mobile Unit would provide a safe and confidential clinic space for patients alongside the ability to create trusting relationship and further the medical services being provided currently.

Staff is working with UCR School of Medicine to evaluate the potential expansion of:

Program could include:

- Full time coordinator of vehicle to align operational staff and volunteer support
- Operation 3 days week in Palm Springs, Desert Hot Springs, Cathedral City and Thousand Palms.
- Telepsych Operations
- Collaboration with other service providers who do not have access to a mobile unit – e.g. VIM
- Partnership with all law enforcement from each city – City of Palm Springs MH Housing Crisis Team to ensure services are being provided to homeless and underserved populations.

**Why:**

Increase services provided to the homeless and underserved populations who do not have insurance.

Potential decrease in service needs for 5150 patients – both beneficial to the Hospitals and to Law Enforcement.

Preventive Short – Mid-term, supplements the need of an additional CREST team to identify individuals who can use the Telepsych Services.

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*Initial work to move into “Medium Term” Scope of work:*

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With multiple community efforts currently in operation throughout the Coachella Valley and Riverside, Staff sees an opportunity for the DHCD/F Board of Directors to further their leadership role in creating long term change in the outcomes of Behavioral Health. By aligning efforts and identifiable accountability structure will both support the primary focus of the Board in our 2017 Strategic Plan, both Priority #1 – New Providers, Facilities, Programs, and Services and Community Health Focus Area: #2 Primary Care and Behavioral Health – with a focus on Behavioral Health.

Staff would like to further the discussion by the Board to consider the importance and positive effects that would occur over a long term collective impact model to align efforts, support change and leverage funding sources.

**Define:**

The Collective Impact approach is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favor of a common agenda, shared measurement and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure – known as a **backbone organization** – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert. It also aligns with our collective fund approach.

**Backbone organizations** essentially pursue six common activities to support and facilitate collective impact work.

1. Guide vision and strategy
2. Support aligned activities
3. Establish shared measurement practices
4. Build public will
5. Advance policy
6. Mobilize funding - Collective Fund

Collective Funds are designed to align interests, leverage significant resources, educate new and experienced donors, build capacity and achieve a common mission. Participants bring separate organizations into a new structure with full commitment to the common mission and a shared intention of leveraging combined resources to affect the desired outcome.

## **Staff workflow**

**Timeline: Now – 4 months**

- We will participate in all current efforts by outside parties, i.e. RAP, Riverside County Blue Ribbon, One Future Coachella Valley, Homelessness Initiatives focused on behavioral health and others, that are currently in place to help guide us to understand the current community efforts.
- Hire the Community Health Analyst: initiate the work to conduct a short-term strategy of assessing the Behavioral Health, including Mental Health and substance abuse. (all supported by currently available reports both internal and external)
- Await the final decision from the board on Seismic compliance - ie. Full retrofit vs. partial retrofit and the repurposing of current facilities both owned by DHCD and externally owned or under new construction.
- From the information obtained from the captioned above efforts, staff would create a collaborative initiative that would ensure that all pertinent parties played a key role in the creation of an actionable plan (written by the consultant) This would include but not limited to; Board of Directors, CEO, staff team, stakeholders, community members and service providers.

Hire a community engagement consultant to work the Collective Impact Partners made up of subject matter experts and lived experience to create a long-term plan of action that will include the following items:

## **Consultant Scope of Work to commence 4 - 6 months and run for 1 year**

- Develop, and compile a comprehensive behavioral health workforce assessment (Inland empire) – current resources used to provide behavioral health services. – Supported by the Community Health Analyst and UCR School of Public Policy
- Provide gap analysis including what defines the shortage and at what level (subsections- behavioral health occupations and lack of); and identification of the Mental Health Care Professional Shortage Areas (HPSA) in the Coachella Valley. - Supported by the community health Analyst, UCR School of Medicine and Riverside University Health Systems
- Review best practices and operational models that aim to overcome the challenges facing the behavioral health workforce - mobilize support for innovative solutions that can modify or change approaches to planning and developing the behavioral health care workforce. This will help to better meet future needs, including behavioral health workforce projections (next 10 years); supply and demand by occupation; and workforce development challenges and opportunities. Supported by Community Health Analyst, One Future Coachella Valley

- Identify resources and gaps based on current providers, best practices and operational models being used by community members – supported by the Collective Impact Partners and staff
- Create a collective impact plan that includes baseline data and measurable outcome to create an accountability structure. Plan will include long term estimated cost (to be funded by a collective fund) supported by an implementation plan that included phases/timeline with identified collective with mutually reinforcing activities and responsibilities.

**Advantages:**

1. Staff will understand and establish a key role in the community as partners in the circle of Behavioral Health, both now and into the future.
2. We will develop relationships of trust and knowledge of current programs that are or have been implemented and tested.
3. We will initiate the convening of a long term strategic plan to support our strategic initiatives and support other stake holder efforts. This will bring further alignment of efforts and increase access to financial support. (Creation of a collective fund)
4. Community engagement expert consultant will work with all stakeholders, residents, subject matter specialists and providers to facilitate robust conversations and help us to establish a mutually agreed upon common goal for the Coachella Valley.
5. Consultant, with the assistance of staff, will draft plan of action and bring forward to the collective for final approval. From this point forward, the Desert Healthcare Board of Directors will be able to identify key areas of ownership both via resources, philanthropy and accountability in partnership with the Collective Impact Partners.

**Timeline:**

March - June 2018 Staff ground work and hiring of Community Health Analyst.

June 2018 – May 2019 Consultant hired under contract for services

**Financial Impact:** \$50,000 Approved July 2017 with the amendment to have funding inclusive of all community engagement meetings expenses, community resident stipend (when required) and materials and supplies.

BEHAVIORAL HEALTH FUNDING

(Direct and Indirect Funding)

2012-2017

ORGANIZATION	PURPOSE	FROM 2012-2017 (DIRECT)
Desert AIDS Project	Substance Abuse Services Program	\$55,884
Family Services of the Desert	Mental Health Services in Desert Hot Springs	\$40,150 (MH programs & services)
Jewish Family Service of the Desert	Mental Health Services & Programs for children, adults & seniors	\$740,411 (programs & services)
The Ranch Recovery Centers	Treatment facilities for rehabilitation – sober living	\$5,000 (programs) + \$338,261 (capital)
Healthcorps	Coordinators in High Schools promoting healthy living & mental resilience	\$1,001,615 (programs)
San Gorgonio Memorial Hospital	Intensive Outpatient Program (IOP) in Palm Springs	\$358,814 (all capital)
Soroptimist House of Hope	Recovery homes for women	\$19,935 (all capital)
The LGBT Community Center	Mental Health counseling	\$140,000 (services)
Coachella Valley Economic Partnership aka OneFuture CV	Mental health college & career pathways development initiative	\$737,900 (program development)
<b>Total Direct</b>		<b>\$3,434,970 approximate</b>
<b>Total Indirect</b>	Indirect services that could be umbrellaed under Behavioral Health services, i.e. case management at FIND Food Bank; Public Health Nursing Services at Roy's Desert Resource Center; expanded clinical services at Borrego; wrap around services at VIM, Well In The Desert, CVRM, Martha's Village & Kitchen; senior center services; etc.	<b>\$2,288,882 approximate</b>
<b>GRAND TOTAL DIRECT AND INDIRECT</b>		<b>\$5,723,852 approximate</b>