



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE MEETING**

June 14, 2022

1:30 p.m.

In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:

<https://us02web.zoom.us/j/84622332065?pwd=bU1jU2I2c0J4QWZhZ2xYYTZxUmdQU09>

Password: **827168**

Webinar ID: **846 2233 2065**

Participants will need to download the Zoom app on their mobile devices. Members of the public may also be able to participate by telephone, using the follow dial in information:

Dial in #:(**669**) **900-6833** To Listen and Address the Committee when called upon:

Webinar ID: **846 2233 2065**

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<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Director Les Zendle, MD, Committee Chair	
1	II. Approval of Agenda	Action
3-5	III. Approval of Meeting Minutes 1. Meeting Minutes – January 11, 2022	Action
	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.	
6-36	VI. Old Business 1. FY2021-2026 Strategic Plan a. Strategic Goals – Priorities, Implementation, and Communications	Information
37-51	VII. New Business 1. Behavioral Health Initiative a. \$2M from FY 21-22 grant budget for allocating to the existing Behavioral Health collective fund to expand access to behavioral healthcare services in the Coachella Valley	Action



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VIII. Adjournment



**DESERT HEALTHCARE DISTRICT
STRATEGIC PLANNING COMMITTEE
MEETING MINUTES
January 11, 2022**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Les Zendle, MD President Karen Borja Director Leticia De Lara	Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, Senior Program Officer, Behavioral Health Meghan Kane, Senior Program Officer, Public Health Andrea S. Hayles, Clerk to the Board	Conrado E. Bárzaga, MD, CEO

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Zendle called the meeting to order at 1:30 p.m. with all directors present.	
II. Approval of Agenda	Chair Zendle asked for a motion to approve the agenda.	It was moved by President Borja and seconded by Director De Lara to approve the agenda. Motion passed unanimously.
III. Approval of the Minutes – November 9, 2021	Chair Zendle asked for a motion to approve the minutes of the November 9, 2021, meeting.	It was moved by Director De Lara and seconded by President Borja to approve the November 9, 2021, meeting minutes. Motion passed unanimously.
IV. Public Comment	There was no public comment.	
V. Old Business 1. FY2021-2026 Strategic Plan a. Strategic Goals - Priorities Implementation/ Communications	Chris Christensen, CAO, provided an overview of the November 9th meeting, considering that staff was directed to recommend prioritization of the top three Strategic Plan goals from a total of seven goals approved at the October 26, 2021, Board of Directors meeting and resulted in the FY 2021-2026 Strategic Plan. Reviewing the priority settings given by the board, staff recommended goals #1 – proactively increase the financial resources DCHD/F can apply to support community health needs,	



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	<p>goal #2 – proactively expand community access to primary and specialty care services as the primary focus areas, and goal #3 – proactively expand community access to behavioral/mental health services. The three goals included the larger number of strategies of high priority at the September 2021 Strategic Planning Retreat.</p> <p>Implementation of goal #1 is an internal process, seeking resources through fundraising and grant writing in relation to the hospital lease, seismic retrofitting of the hospital, and additional tax revenue that was not realized when the District expanded the boundaries to include the eastern portion of the Coachella Valley.</p> <p>Goals 2 and 3 are more specific to grant funding and have been added to the Clear Impact platform where performance measures of the implementation strategies within each goal have been developed to track and measure funding impact (Return on Grant Funding investments). The remaining 4 goals had been previously approved by the board as a moderate priority.</p> <p>To effectively and concisely ensure the implementation process of the high priority grant funding goals #2 and 3, a considerable amount of administrative work needs accomplishing in a timely manner, beginning with refining the grant application process through the grantmaking software platform –</p>	
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	<p>Blackbaud and revising the website pages to reflect the revision of the grants award process specific to goals #2 and #3 to allow staff to communicate a clear and concise message to the community at large and grantees by conducting public outreach on funding availability specifically for grant support.</p> <p>Discussions ensued regarding the balance of goals #4 and #7 and whether a process should be determined in the future on how the board would plan to address any funding requests related to the moderate and low priority ratings of goals #5 through #7.</p> <p>The committee directed staff to focus efforts on goals 1, 2, and 3 and to develop a process document related to requests or ideas that fall outside of the high priority goals of 1, 2, and 3.</p>	
<p>VI. Adjournment</p>	<p>Chair Zendle adjourned the meeting at 2:18 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
 Les Zendle, MD, Chair/Director, Strategic Planning Committee
 Desert Healthcare District Board of Directors

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



Desert Healthcare District & Foundation

Strategic Plan

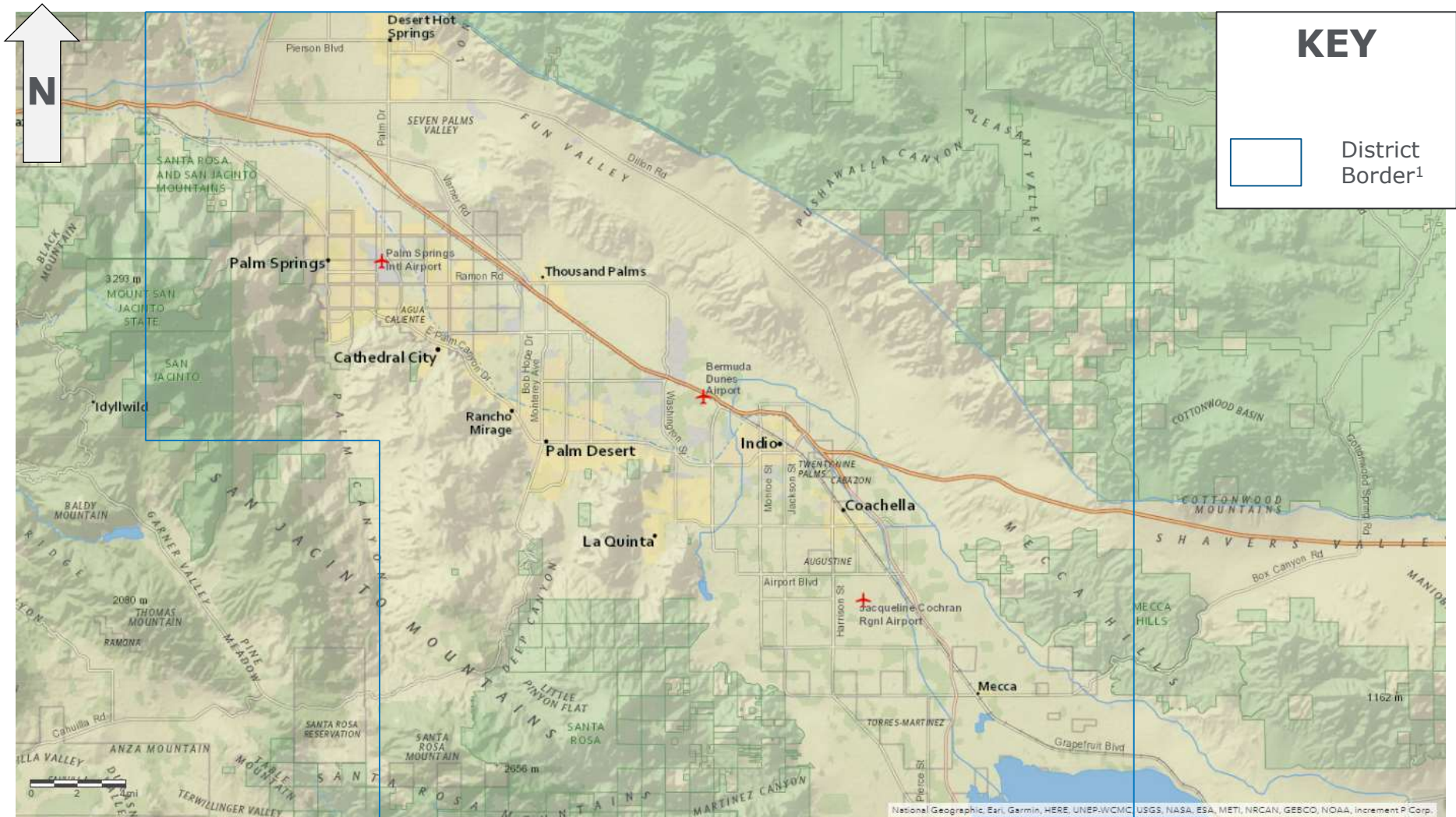
Approved by the DHCD/F Board on October 26, 2021



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Strategic Plan is Specific to the Entire District -- Coachella Valley As A Whole



1. District border is hand drawn by Veralon and represents an approximation of the district boundaries.

DHCD/F Enabling Legislation, Mission and Vision

DHCD/F Enabling Legislation Clarifies the Emphasis Is On Health Services

AB 2414, Eduardo Garcia. Desert Healthcare District.

“Existing law, the Local Health Care District Law, authorizes the organization and incorporation of local health care districts and specifies the powers of those districts, including, among other things, the power to establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services, including, but not limited to, outpatient programs, services, and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities and activities at any location within or without the district for the benefit of the district and the people served by the district.”^{1,2}

1. Source: Assembly Bill 2414 Chapter 416
2. During the strategic planning retreat this description of the purpose of DHCD/F was cited as a means of emphasizing that the role is specific to healthcare services and resources

DHCD/F Mission Statement

“To achieve optimal health at all stages of life for all District residents”¹

1. Source: Desert Healthcare District / Desert Healthcare Foundation Strategic Plan, adopted June 27, 2017

DHCD/F Vision Statement

“Equitably connecting Coachella Valley residents to health and wellness services and programs through resources and philanthropy, health facilities, information and community education, and public policy”¹

1. Source: Desert Healthcare District / Desert Healthcare Foundation Strategic Plan, adopted June 27, 2017



Critical Planning Issues

Critical Planning Issues

- Resolve the hospital lease and seismic investment
- Maintain the District's reserves at the current level until the Tenet situation is resolved
- Evaluate current/future programs and services to which DHCD/F provides funds using effectiveness and impact criteria and looking at impact
- No new parcel tax funding in the short term (at least 2 years)
- Pursue new funding sources to support meeting CV healthcare needs (e.g., Riverside County, grants, JVs/partnerships, Federal and State Govt.)
- Expand access to care: focus on health care
 - Community-oriented primary care (medical), mental health and dental services
- Enhance equity for all residents accessing care
- Measure/assess the impact on and size of a population to which DHCD/F holds organizations/programs accountable for achieving stated goals
- Encourage innovation and collaboration
- Enhance DHCD/F's lobbying capabilities, as needed and targeted



Goals and Strategies

Discussion: Setting Preliminary Goals and Strategies

- **Goal** – an outcome to be achieved over a 5-year period.
 - Describes what DHCD/F is going to achieve through the implementation of strategies
- **Strategy** – an action to be taken in support of accomplishing the goal.
 - A statement of how DHCD/F will accomplish the goal
 - Strategies are stated for a 3-year period and can be refined annually

CPIs “Drive” Selection of *Draft* DHCD/F Goals

Critical
Planning
Issues



- Goal 1: Proactively increase the **financial resources** DHCD/F can apply to support community health needs
- Goal 2: Proactively expand community **access to primary and specialty care services**
- Goal 3: Proactively expand community access to **behavioral/mental health services**
- Goal 4: Proactively measure and evaluate the **impact** of DHCD/F-funded programs and services on the health of community residents
- Goal 5: Be responsive to and supportive of selected community initiatives that **enhance the economic stability** of the District residents
- Goal 6: Be responsive to and supportive of selected community initiatives that **enhance the environment** in the District’s service area
- Goal 7: Be responsive to and supportive of selected community initiatives that **enhance the general education** of the District's residents

Goal 1

Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs

Strategies	Priority	Lead Party	Start Date	Complete Date
1.1 Develop a healthcare delivery system vision for the Coachella Valley	High	CEO	Oct '21	Mar '22
1.2 Pursue renegotiation of the hospital lease - Complete seismic retrofit design/planning	High	Ad-Hoc	Immediate	Jan '24
1.3 Expand capabilities and activities for obtaining new grant funding - Hire grant writer (already in budget) (Jan)	High	CEO	Immediate	Ongoing
1.4 Work with Riverside University Health System to continue/expand funds provided to DHCD/F to meet community health needs	High	CEO	Ongoing	Ongoing
1.5 Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs	Moderate	CEO	Nov '21	Ongoing
1.6 Evaluate the potential to conduct community-based fund raising (Foundations, individuals, corporations) - Hire a development director - Explored planned giving program	Low	CEO	Mar '22	Ongoing

Goal 2

Goal 2: Proactively expand community access to primary and specialty care services

Strategies	Priority	Lead Party	Start Date	Complete Date
2.1 Provide funding to support an increase in the number of primary care and specialty professionals (clinicians, physicians, physician assistants, nurses, nurse practitioners, etc.)	High	CPO*	Nov '21	Ongoing
2.2 Provide funding to support an increase in the number of clinics and needed programs (FQHCs, community clinics, multi-purpose community centers) in geographically-targeted markets and the days and hours that they operate	High	CPO	Nov '21	Ongoing
2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services - In support of the District buying a mobile van for primary care and vaccinations, identify operating costs and resources required	High	CPO	Mar '22	On-going
2.4 Provide funding support to community organizations providing primary and specialty care via telehealth - Fund telehealth internet hubs to increase access in underserved communities	High	CPO	Dec '21	Ongoing
2.5 Collaborate/partner with culturally-competent training programs to expand primary care residency and nursing programs with required retention initiatives	Moderate	CPO	Dec '21	Ongoing
2.6 Collaborate/partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition	Moderate	CEO/ Program Staff	Dec '21	Ongoing
2.7 Utilize an equity lens to expand services and resources to underserved communities - Increase the number of Promotoras/CHWs**	High	CEO/ Program Staff	Dec '21	Ongoing

*CPO - Chief Program Officer

** CHW - Community health worker

Goal 3

Goal 3: Proactively expand community access to behavioral/mental health services

Strategies	Priority	Lead Party	Start Date	Complete Date
3.1 Provide funding to support an increase in the number of behavioral/mental health professionals (includes training)	High	SPO - BMH**	Jan '22	Ongoing
3.2 Provide funding to CBOs to support an increase in the number of days and hours of operation of behavioral/mental health services*	High	SPO - BMH	Jan '22	Ongoing
3.3 Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)	High	SPO - BMH	Jan '22	Ongoing
3.4 Provide funding support to CBOs providing tele-behavioral/mental health services	High	SPO - BMH	Jan '22	Ongoing
3.5 Work with the new private psychiatric and community hospitals to identify opportunities to collaborate on the delivery of community-based behavioral/mental health services (payer mix)	Moderate	SPO - BMH	Sept '22	Ongoing
3.6 Educate community residents on available behavioral/mental health resources	Moderate	SPO - BMH	Oct '21	Ongoing
3.7 Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services	Moderate	SPO - BMH	Mar '22	Ongoing

*CBO - community based organization

** SPO - BMH - Senior Program Officer Behavioral & Mental Health

Goal 4

Goal 4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents

Strategies	Priority	Lead Party	Start Date	Complete Date
4.1 Adopt Clear Impact performance management and RBA* platform to track and report impact	High	CPO	Jan '22	Ongoing
4.2 Evaluate the potential to offer multi-year grants to organizations	Moderate	CPO	Jan '22	Ongoing
4.3 Require, where appropriate, grantees to conduct and report the results of patient satisfaction surveys	Low	CPO	July '22	Ongoing
4.4 Conduct a CHNA in 5 years (2026)	Low	CEO, CPO	2026	2026
4.5 Annually report progress of funded programs/services toward meeting identified community health needs	High	CPO	Jan '22	Ongoing
4.6 Support local organizations' capacity building efforts	Low	CPO	Jan '22	Ongoing

*RBA -- Results based accountability

Goal 5

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents

Strategies	Priority	Lead Party	Start Date	Complete Date
5.1 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to homelessness of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CPO	Oct '21	Ongoing
5.2 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CEO	Oct '21	Ongoing
5.3 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions	Moderate /Low	CEO	Oct '21	Ongoing
5.4 Promote Health Action Planning and co-location of healthcare services in affordable housing developments	Moderate	CEO	Oct '21	Ongoing

Goal 6

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategies	Priority	Lead Party	Start Date	Complete Date
6.1 Play a role in raising awareness of the impact of air quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE*	Ongoing	Ongoing
6.2 Play a role in raising awareness of the impact of poor water quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE	Ongoing	Ongoing
6.3 Collaborate with and support public organizations in the Coachella Valley to address SDOH** related to the environment (air quality, water quality and shelter)	Moderate	CCE	Ongoing	Ongoing

*CCE -- Chief of Community Engagement

** SDOH - Social determinants of health

Goal 7

Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents

Strategies	Priority	Lead Party	Start Date	Complete Date
7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions - Education including the ConnectIE platform and other resources	Moderate	CCE	Ongoing	Ongoing
7.2 Play a role in raising awareness of the impact of school resources on the health of community residents and be a catalyst for community organizations to act in implementing solutions	Moderate	CCE	Ongoing	Ongoing

Appendices



Potential Sources of New Funding

Potential Modes of New Funding

Potential Source of New Funds	Observations	Priority # or "Not Viable"*
Early Negotiation of the Hospital Lease (Expires May 2027)	<ul style="list-style-type: none"> Potential to generate revenue to support DHCD/F activities 	Highest Priority
Use Portion of Reserve (\$59M less \$7M already pledged)	<ul style="list-style-type: none"> Draw down or guarantee would reduce DHCD/F's "reserves" to support operations, capitalize investments and seismic retrofit Almost all Board members not supportive 	Not at this time
New Parcel Tax	<ul style="list-style-type: none"> Economic downturn due to COVID makes this unlikely in next 3-4 yrs. Expected to be politically unpopular 	Potential Source but Beyond the Next 2-3 years
Seek Grants Through State/National Philanthropic Sources	<ul style="list-style-type: none"> Is an opportunity; magnitude difficult to quantify Requires grant writer (Sr. Dir. Development previously approved) 	High priority
Local Community Fundraising (e.g., Galas)	<ul style="list-style-type: none"> Is an opportunity; magnitude difficult to quantify DHCD/F could be perceived as competing with other local organizations 	Viability to be Assessed

* Priority rating was identified by the DHCD/F board and management team through discussion during the September 2021 strategic planning retreat

Continued next page

Potential Modes of New Funding

Potential Source of New Funds	Observations	Priority # or "Not Viable"*
Debt (Use the most beneficial method to finance)	<ul style="list-style-type: none"> \$59M (\$52M net) principal/reserve is DHCD/F's only collateral asset; Requires pledge of revenue or guarantee, debt or a guarantee would reduce availability of these funds for operations, capital investment or seismic funding 	Feasibility and strategic and financial impact to be evaluated
Funding Support by County	<ul style="list-style-type: none"> Riverside County Dept. of Public Health recently provided \$2M. Potential exists for future funding Access to funding can be bureaucratic/uncertain 	High priority
Funding Support by Hospitals	<ul style="list-style-type: none"> Investments focused on their assisting their services and viability -- unlikely 	Low priority

* Priority rating was identified by the DHCD/F board and management team through discussion during the September 2021 strategic planning retreat



Community Health Needs Evaluation Exercise Findings

Evaluation of Community Needs

- Community needs were highlighted through CHNA and discussion during day 1 of the DHCD/F retreat
 - Summarized by priority category: economic stability, health access, mental health, environment, education, other
- Evaluative criteria were agreed to on day 1 of the retreat
 - Magnitude of need by the District's residents (size of population served)
 - Extent to which improving the issue enhances equitability of healthcare
 - Degree of impact DHCD/F can achieve through its funding support (resources available)
 - Timeliness of achieving progress
 - Fit with DHCD/F's Mission, vision and capabilities and resources
- Within each of the priority categories, the board assessed the needs against the 5 criteria

Evaluation Exercise: Economic Stability*

Economic stability community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Homelessness	High	High	Mod/Low	Mod/Low	Yes	Moderate
Affordable housing	High	Moderate	Mod/Low	Low	Yes/No (Spilt)	Moderate
Higher paying jobs	--	--	--	--	No	--
Poverty	Moderate	High	Low	Low	Yes/No (Spilt)	Mod/Low
Substandard housing (missing gas for stove, over crowded, etc.)	--	--	--	--	No	--
Little to no employment	--	--	--	--	No	--

* The seven members of the DHCD/F board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

Evaluation Exercise: Health Access*

Health access community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Clinician shortage	High	High	Moderate	Moderate	Yes	High/Mod
Healthcare is expensive (services, insurance, prescriptions)	High/Mod	High	High	High	Yes	High
Quality of care (outcomes., physician empathy, accuracy of diagnosis)	High	High	Mod/Low	Low	Yes	Mod/Low
East Valley access to healthcare services	High	High	High	High/Mod	Yes	High

* The seven members of the DHCD/F board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes)

Evaluation Exercise: Mental Health*

Mental health community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Mental health is an important issue	High	High	High	High/Mod	Yes	High
Need more mental health clinics/resources	High	High	High	High	Yes	High
People should know more about mental health and how to get help	High	High	High	High	Yes	High

* The seven members of the DHCD/F board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes)

Evaluation Exercise: Environment*

Environment community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
Infrastructure needs (sidewalks, lighting, internet connectivity)	--	--	--	--	No	--
Transportation (lack of transportation, no public transportation)	--	--	--	--	No	--
Air quality in East CV	High	High	Moderate	Low	Yes	Moderate
Walkability is low	--	--	--	--	No	--
Poor water quality in East CV	High/Mod	High	High/Mod	Mod/Low	Yes	High/Mod

* The seven members of the DHCD/F board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes)

Evaluation Exercise: Education*

Education community needs	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
General health education (need more awareness on health issues not presented in schools)	High	High	High	High	Yes	High
School resources needed (guidance counselors, computers for students, tutoring, scholarships)	Low	Low	Low	Low	Yes/No (Split)	Low
Quality of education (need better quality of education, teachers who are passionate/care)	--	--	--	--	No	--
General education attainment (more people need to go to college, differences in educational attainment across districts)	--	--	--	--	No	--

* The seven members of the DHCD/F board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes

Evaluation Exercise: Other Issues*

Other community needs (with high mentions)	Select: High, Moderate or Low					Priority Conclusion (High, Moderate, Low, None)
	Magnitude of need by District residents (size pop. served)	Extent to which improving the issue enhances equitability of healthcare	Degree of impact DHDF can achieve through its funding support	Timeliness of achieving progress	Fit with DHCD/F's Mission, vision and capabilities	
High crime (crime is high in CV, fights and gang violence)	--	--	--	--	No	--
Obesity (obesity is a problem, obesity among low income)	High	High	High/Mod	Moderate	Yes	High/Mod
Sex education in schools	High	High	High	High	Yes	High
Drug use/addiction (drug use is a problem, substance abuse rates high, methamphetamine problem)	High	High	High	High	Yes	High
Food shortage/food access (lack of food, food access for low income)	High	High	High	High	Yes	High

* The seven members of the DHCD/F board evaluated each of the community needs against the criteria. The rating assigned ("high", "moderate", "low" reflects the majority of the votes



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: June 14, 2022
To: STRATEGIC PLANNING COMMITTEE
Subject: Behavioral Health Initiative Expansion

In the most recent Board of Directors meeting on May 24, 2022, the Desert Healthcare District staff was directed to explore an additional allocation of \$2 million for behavioral health and homelessness.

Staff recommendation:

After careful consideration of community input provided through our Mental and Behavioral Health Needs Assessment (2019), Community Health Needs Assessment (CHNA) (2020), community stakeholder outreach, and ongoing input from our Behavioral Health Initiative Working Groups and Steering Committee membership (2022), staff recommends the full allocation to be made toward Strategic Goal #3 (Proactively expand community access to behavioral/mental health services) to advance strategic plan priorities identified in this area. This allocation would support the ability to make the necessary resources available through RFP's to better address prevailing needs as expressed by our community members.

The staff is requesting the approval of an additional allocation of \$2 million to the Board-approved Behavioral Health Initiative, bringing the total amount in the collective fund to \$3.3 million.

Background:

- **Behavioral Health Initiative:** In response to the results of the DHCD Mental and Behavioral Health Needs Assessment (2019), a stakeholder focused, collaborative model was implemented to begin to review the areas of need as identified by the community members and stakeholder participants in the assessment process. This model which utilizes a Collective Impact framework, consists of regularly scheduled convenings in which strategy and solution development is drafted and presented to the Steering Committee membership for review and input. The primary areas of focus for this initiative work include:
 - Improved Access
Consideration of structural improvements to ensure services reach vulnerable or underserved community members through the inclusion of expanded mobile service access, increased telehealth capacity and expanded provider network opportunities as

a means of expanding access. Strategy development includes increasing awareness of available support services with the goal of removing barriers to access which include stigma reduction and the need to communicate in a culturally competent manner with our community members through a network of trusted messengers.

- Workforce Development

Strategy development is focused on the ability to increase opportunities for new practitioners entering the field and choosing to stay and work in the Coachella Valley. Improvement to workplace retention processes, professional development pathways for this community, while improving the ability for in-process future practitioners who are still in school or recently graduated to gain the necessary practical experience with organizations in the Coachella Valley which will also assist with improving workforce levels.

- Policy Development Opportunities

Development in this area is focused on current and potential legislation under consideration or enacted related to innovating behavioral health services and how they are experienced by consumers. This includes State level intentional focus on children's mental health, juvenile justice support and the overhaul of Medi-Cal and how it can be improved to make coverage more accessible. There is also an effort to ensure Peer Specialist/Community Health Worker roles are clarified and billable and the State mandate to restructure the 911 call system into the 988 call center network in an effort to make mental health suicide prevention and mental health crisis networks more responsive. This working group is closely monitoring this legislative session and identifies legislation that would benefit the areas of need identified in the DHCD Mental and Behavioral Health Needs Assessment and requests organization letters of support as needed to assist with passage.

- Community Stakeholder Outreach

The information gained through our ongoing outreach to our law enforcement and education partners and participation in State and County convenings focused on improving community members mental health service experiences while expanding the available workforce are helpful and will inform the identification of potential RFP development opportunities.

- **Community Health Needs Assessment (CHNA)**

In 2020, the DHCD commissioned the Community Health Needs Assessment (CHNA) in an effort to better understand the needs of residents as it relates to the social determinants of health, uplift inequities and aid in the development of a comprehensive, and cross-sector approach to advance the health and well-being of District residents. This information assisted with the identification of Strategic Goal #2 (Proactively expand community access to primary and specialty care services) as a high priority area of focus for support implementation.

- **Strategic Plan Goal #3: Proactively expand community access to behavioral/mental health services**

Strategies identified as High Priority:

- 3.1 Provide funding to support an increase in the number of behavioral/mental health professionals (includes training)
 - 3.2 Provide funding to CBOs to support an increase in the number of days and hours of operation of behavioral /mental health services
 - 3.3 Provide funding to CBOs enabling an increase in the number and geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services)
 - 3.4 Provide funding support to CBOs providing tele-behavioral/mental health services
- Fiscal impact: \$2,000,000 to be added to the Behavioral Health Initiative allocation in the form of a grant amendment #965 (cost extension) from the District to the Foundation.

DESERT HEALTHCARE FOUNDATION GRANT AGREEMENT

#965 Desert Healthcare Foundation

ADDENDUM #1

This Grant Agreement ("Agreement") was entered into on April 26, 2018 by and between Desert Healthcare District ("District"), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and Desert Healthcare Foundation ("Recipient"), a California nonprofit public benefit corporation, as follows:

R-E-C-I-T-A-L-S

1. This Addendum extends the termination date in Section 2 to June 30, 2025.
2. This Addendum revises the grant award amount up to \$4,000,000 (from \$2,000,000).
3. All other terms and conditions of the original grant agreement remain unchanged.

"District":

Desert Healthcare District

By: _____

Conrado Bárzaga, MD
Chief Executive Officer

"Foundation":

Desert Healthcare Foundation

By: _____

Karen Borja
President / Chair

Date: _____

Date: _____

DESERT HEALTHCARE DISTRICT GRANT AGREEMENT

This agreement is entered into by the Desert Healthcare District ("DISTRICT"), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and Desert Healthcare Foundation ("RECIPIENT") and is effective upon execution by both parties.

1. **Grant**

Purpose and Use of Grant: To fund and establish a Behavioral Health Initiative Collective Fund

Amount: \$2,000,000.00

2. **Term of Agreement**

The term of this agreement is from May 1, 2018 through April 30, 2019, subject, however, to earlier termination as provided in this agreement.

3. **Legal Responsibility/Liability**

In authorizing execution of this agreement, the governing body of RECIPIENT accepts legal responsibility to ensure that the funds provided by DISTRICT are allocated solely for the purpose for which the grant was intended. RECIPIENT agrees to be knowledgeable of the requirements of this agreement and to be responsible for compliance with its terms. In no event shall DISTRICT be legally responsible or liable for RECIPIENT's performance or failure to perform under the terms of the grant or this agreement.

RECIPIENT agrees that DISTRICT may review, audit, and/or inspect DISTRICT-funded program operated by RECIPIENT under this agreement for compliance with the terms of this agreement.

4. **Reduction/Reimbursement of Awarded Funds**

DISTRICT may reduce, suspend, or terminate the payment or amount of the grant if the District determines in its sole discretion that RECIPIENT is not using the grant for the intended purposes or meeting the objectives of the grant. RECIPIENT hereby expressly waives any and all claims against DISTRICT for damages that may arise from the termination, suspension, or reduction of the grant funds provided by DISTRICT.

DISTRICT  RECIPIENT 

RECIPIENT further agrees to reimburse any funds received from DISTRICT, where the DISTRICT determines that grant funds have not been utilized by RECIPIENT for their intended purpose.

5. **Other Funding Sources**

If requested by DISTRICT, RECIPIENT shall make information available regarding other funding sources or collaborating agencies for the programs or services provided by RECIPIENT.

6. **Attribution Policy**

RECIPIENT agrees to comply with the DISTRICT'S attribution policy, which is attached to this agreement as Exhibit "A."

7. **Payment Schedule**

Unless RECIPIENT and DISTRICT agree upon alternative arrangements, grant funds shall be allocated and paid according to the schedule and requirements described on Exhibit "B." In the event RECIPIENT fails to provide report(s) and/or appropriate supporting documentation in a timely manner, RECIPIENT may be subject to a delay or discontinuance of funding, at DISTRICT'S sole discretion.

8. **Program Budget**

RECIPIENT shall also submit, prior to the DISTRICT entering into this agreement, a program budget, which shall be subject to review and approval of DISTRICT. A copy of RECIPIENT'S program budget shall be attached to this agreement as Exhibit "C."

9. **Scope of Services/Recipient Activities**

Prior to the DISTRICT entering into this agreement, RECIPIENT shall include in its application, subject to review and approval by the DISTRICT, details of the RECIPIENT'S scope of service(s), activities or program(s) proposed for funding.

10. **Evaluation/Outcomes Reporting**

Prior to the District entering into this agreement, RECIPIENT shall include in its application, subject to review and approval of the DISTRICT, details of its plan for evaluation and reporting.

DISTRICT  RECIPIENT 

RECIPIENT shall cooperate in efforts undertaken by DISTRICT to evaluate RECIPIENT'S effectiveness and use of the grant funds. RECIPIENT shall participate in and comply with all on-site evaluation and grant monitoring procedures including interviews with RECIPIENT'S staff by DISTRICT. RECIPIENT, at the request of the DISTRICT, shall also provide progress reports to DISTRICT according to the schedule contained on Exhibit "B" in a format to be provided by DISTRICT.

11. Use of Subcontractors

RECIPIENT may not subcontract any portion of the duties and obligations required by this agreement without the written consent of the DISTRICT. A copy of the proposed subcontract between RECIPIENT and the subcontractor shall be provided to DISTRICT for review. In the event DISTRICT consents to subcontract, the subcontractor shall be required to execute an agreement assuming all rights and obligations of this agreement, including the DISTRICT'S right to inspect the subcontractor's books and records and the right to monitor and evaluate the effectiveness of the use of the grant funds. Notwithstanding the forgoing, RECIPIENT shall remain primarily responsible for compliance with all terms and conditions of this agreement.

12. Use of Funds

The funds received pursuant to this agreement may not be used by RECIPIENT for general operating expenses or any other programs or services provided by RECIPIENT without the written consent of DISTRICT.

Upon request, RECIPIENT shall make available for the DISTRICT and members of the public, a detailed description of the program(s) and/or service(s) funded by DISTRICT. This program description may be a separate document or may be incorporated into the overall program materials developed by the RECIPIENT.

13. Prevailing Wages

If the funds received are used to pay for any portion of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws (Labor Code sections 1720 et seq. and 1770 et seq.), and if the project cost is \$1,000 or more, RECIPIENT agrees to fully comply with such Prevailing Wage Laws, if applicable. RECIPIENT shall require any contractor or subcontractor performing work on an applicable "public works" or "maintenance" project to fully comply with all Prevailing Wage Laws, including but not limited to the payment of prevailing wages, registration with DIR, and maintenance of certified payroll records."

DISTRICT W RECIPIENT 12

14. Independent Contractor Status

The relationship between DISTRICT and RECIPIENT, and the agents, employees, and subcontractors of RECIPIENT in the performance of this agreement, shall be one of independent contractors, and no agent, employee, or subcontractor of RECIPIENT shall be deemed to be an officer, employee, or agent of DISTRICT.

15. Use of Funds for Lobbying or Political Purposes

RECIPIENT is prohibited from using funds provided by DISTRICT herein for any political campaign or to support attempts to influence legislation by any governmental body.

16. Compliance with Applicable Law and Regulations

RECIPIENT shall comply with all federal, state, and local laws and regulations, including but not limited to labor laws, occupational and general safety laws, and licensing laws. All licenses, permits, notices, and certificates as are required to be maintained by RECIPIENT shall be in effect throughout the term of this agreement.

Where medical records, and/or client records are generated under this agreement, RECIPIENT shall safeguard the confidentiality of the records in accordance with all state and federal laws, including the provisions of the Health Insurance Accountability and Portability Act of 1996 (HIPAA), and the laws and regulations promulgated subsequent thereto.

RECIPIENT shall notify DISTRICT in writing within 5 (five) days if any required licenses or permits are canceled, suspended, or otherwise terminated, or if RECIPIENT becomes a party to any litigation or investigation by a regulatory agency that may interfere with the ability of RECIPIENT to perform its duties under this agreement.

17. Changes or Modifications to the Use of DISTRICT Grant Funds

RECIPIENT shall submit to DISTRICT, in writing, any requests for proposed changes in the use of DISTRICT grant funds. DISTRICT must receive such requests at least thirty (30) days prior to the date the proposed changes are to be implemented and the proposed changes shall be subject to DISTRICT Board approval.

Notwithstanding the foregoing, requests for transfers between budget categories or line items less than ten percent (10%) of the total grant amount that do not change the total grant amount or generate additional line items may be directed to the DISTRICT's Program Department for consideration.

DISTRICT _____ RECIPIENT LT

18. No-Cost Grant Extensions

Any request by the RECIPIENT to extend a grant's project period without additional funding from the DISTRICT will be processed pursuant to the DISTRICT's No-Cost Grant Extension Policy. Any no-cost grant extension request shall be subject to DISTRICT Board approval.

19. Conflict of Interest/Self Dealing

RECIPIENT and RECIPIENT'S officers and employees shall not have a financial interest or acquire any financial interest, direct or indirect, in any business entity or source of income that could be financially affected by, or otherwise conflict in any manner or degree with, the performance of programs or services required under this agreement.

20. Indemnity and Hold Harmless

RECIPIENT agrees to indemnify, defend, and hold harmless DISTRICT and its officers, agents, employees, volunteers, and servants from any and all claims and losses accruing or resulting to any and all employees, contractors, subcontractors, laborers, volunteers, and any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this agreement and from any and all claims and losses of any kind accruing or resulting to any person, firm, or corporation arising out of, or in any way connected with or as a result of, the performance or execution of this agreement, the consummation of the transactions contemplated hereby, or in the expenditure of grant funds provided by DISTRICT.

21. Fiscal/Accounting Principles

RECIPIENT shall maintain an accounting system that accurately reflects and documents all fiscal transactions for which grant funds are used. The accounting system must conform to generally accepted accounting principles and upon request, DISTRICT shall have the right to review, inspect and copy all books and records related to the accounting system.

22. Documentation of Revenues and Expenses

RECIPIENT shall maintain full and complete documentation of all revenue and expenses (including subcontracted, overhead, and indirect expenses) associated with use of the grant funds covered by this agreement. During the term of this agreement and thereafter, DISTRICT or its authorized representative(s) shall have the right to review all RECIPIENT financial records including records related to the use or disbursement of the grant funds, upon request by DISTRICT. DISTRICT shall also have the right to audit, if necessary, RECIPIENT'S use of grant funds and any and all programs or services that were provided through the use of the DISTRICT funds. In the event of an audit or financial review,

DISTRICT  RECIPIENT 

RECIPIENT agrees to provide DISTRICT access to all of RECIPIENT'S books and records.

23. Records Retention

All records of RECIPIENT pertaining to the use of grant funds shall be maintained at RECIPIENT'S main local office for at least five (5) years following the year in which grant funds were first provided by DISTRICT.

24. Governing Law

This agreement shall be governed by and construed in accordance with the laws of the State of California.

25. Assignment or Transfer

RECIPIENT may not assign or transfer any interest in this agreement or entitlement to grant funds without the written consent of District.

26. Entire Agreement, Amendment

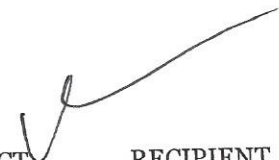

This agreement contains the entire understanding and agreement of the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements not contained herein. This agreement may only be amended or modified by a writing signed by both parties.

27. Notices

Any notice required or permitted pursuant to this agreement may be given by a party to the other party at the address set forth in the signature block of this agreement. Either party may change its address for purposes of notice by complying with the requirements of this section.

28. Signatories

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

DISTRICT  RECIPIENT 

RECIPIENT:

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

Name: President/Chair of RECIPIENT
Governing Body

LES ZENDLE MD

PLEASE PRINT

Les Zendle

SIGNATURE

4-26-18

DATE

Name: Executive Director

PLEASE PRINT

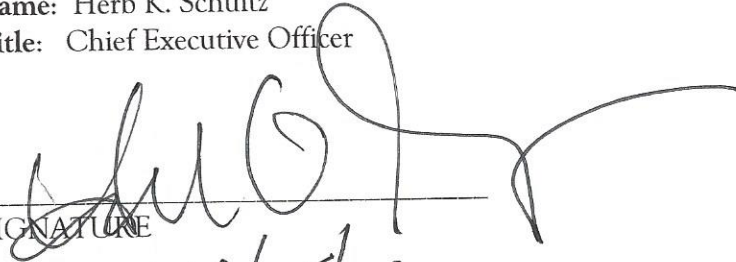
SIGNATURE

DATE

DISTRICT ✓ RECIPIENT 62

Authorized Signatory for Desert Healthcare District:

Name: Herb K. Schultz
Title: Chief Executive Officer



SIGNATURE

DATE 4/25/18

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

DISTRICT  RECIPIENT LT

EXHIBIT A

DESERT HEALTHCARE DISTRICT ATTRIBUTION POLICY

1. Attribution Wording

Attribution for District-funded programs shall be as follows:

“Made possible by funding from Desert Healthcare District” / “Echo posible por medio de fondos de Desert Healthcare District” or “Funded by Desert Healthcare District” / “Fondado por Desert Healthcare District”

2. Educational Materials

Educational materials are items such as brochures, workbooks, posters, videos, curricula, or games. Materials (in print or electronic formats) produced and distributed for Desert Healthcare District-funded programs shall include the approved wording.

3. Promotional Materials

District attribution shall be included on promotional items such as flyers, banners and other types of signage. However, acknowledgement may be omitted when space limitation is an issue (e.g., buttons, pencils, pens, etc.)

4. Media Materials and Activities

Attribution to the District shall be included in any information distributed to the media for the purpose of publicizing a District-funded program. This information may include news releases and advisories, public service announcements (PSAs), television and radio advertisements, and calendar/event listings.

Media and publicity activities, such as news conferences, story pitching, press interviews, editorial board meetings and promotional events shall include reference to the District’s program support. As a courtesy, the District would appreciate notification of these activities at least two (2) weeks in advance, whenever possible. Please send to the District copies of any press coverage of District-funded programs.

5. Logo Usage

Use of the Desert Healthcare District logo is permitted and encouraged. Logos can be provided in print and electronic formats. Logos will be provided by DISTRICT upon initial grant funding and at RECIPIENT’s request thereafter. Graphic standards for logos shall be adhered to as provided by DISTRICT. Requests for logo should be directed to the Program Department of Desert Healthcare District.

6. Photograph Consent

RECIPIENT shall permit photographs of District-funded program to be taken by District-designated photographer at District expense, and consents to usage of such photographs on District Web site and other materials designed to inform and educate the public about District.

DISTRICT _____ RECIPIENT LR

EXHIBIT B

DISTRICT _____ RECIPIENT LA

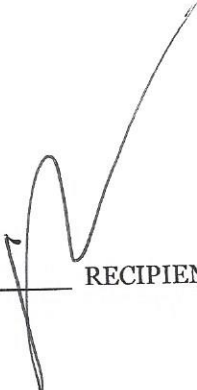
A large, stylized handwritten signature in black ink is written over the horizontal line of the 'RECIPIENT' field.

EXHIBIT C

PROGRAM BUDGET ATTACHED AS SUPPLEMENTAL PAGE(S)

DISTRICT _____ RECIPIENT L7