



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
May 28, 2019
6:30 P.M.**

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

Cathedral City Senior Center
Multi-Purpose Room
37171 West Buddy Rogers Avenue
Cathedral City, CA 92234

This meeting is handicapped-accessible

Page(s)	AGENDA	Item Type
	<i>Any item on the agenda may result in Board Action</i>	
	<p>A. CALL TO ORDER – President Zendle, MD Roll Call ___Director Shorr___Director Borja___Director PerezGil___ Director Rogers, RN___Director Matthews___ Vice-President/Secretary De Lara___President Zendle</p>	
1-2	<p>B. APPROVAL OF AGENDA</p>	Action
	<p>C. PUBLIC COMMENT At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the Foundation. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.</p>	
	<p>D. CONSENT AGENDA All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u></p>	Action
3-7	<p>1. BOARD MINUTES a. Board of Directors Meeting – April 23, 2019</p>	
8-15	<p>2. FINANCE AND ADMINISTRATION a. Approval of April Financial Statements F&A approved May 14, 2019</p>	



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
May 28, 2019
6:30 P.M.**

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

Cathedral City Senior Center
Multi-Purpose Room
37171 West Buddy Rogers Avenue
Cathedral City, CA 92234

This meeting is handicapped-accessible

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	E. DESERT HEALTHCARE FOUNDATION CEO REPORT	
	F. FINANCE & ADMINISTRATION COMMITTEE	
16-17	1. Meeting Minutes – May 14, 2019	Information
18-24	2. FY 2019 – 2020 Annual Budget Review	Action
	G. OLD BUSINESS	
25	1. CVHIP/IEHP	Information
26	2. Ready Set Swim and Ready Set Swim, Jr	Information
27-28	3. Homelessness Initiative Update	Information
29-30	a. Tenet Letter of Support – CVAG Homelessness Funding Request \$10M – Informational Only	Information
31	4. Behavioral Health Initiative - Update	
	a. Behavioral Health Ad Hoc Committee/ EVALCORP Research & Consulting Update	Information
32-53	5. The California Endowment (TCE) – Public Policy and Research/Academic Partnership Grant	
	a. Eastern Coachella Valley Listening Forums	Information
54-55	6. Expansion Grant Funding – \$300,000	Information
	H. NEW BUSINESS	
56-67	1. Program Committee	
	a. Consideration to approve Grant #993 – Galilee Center – Emergency Services – \$75,000	Action
	I. DIRECTORS’ COMMENTS, REPORTS, INFORMATIONAL ITEMS, & STAFF DIRECTION AND GUIDANCE	
	J. ADJOURNMENT	
	<i>If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles@dhcd.org or call (760) 323-6110 at least 24 hours prior to the meeting.</i>	



DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
April 23, 2019

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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President Zendle called the meeting to order at 7:50 p.m. The Clerk of the Board called the roll with all Directors present.	
B. Approval of Agenda	President Zendle asked for a motion to approve the Agenda.	#18-01 MOTION WAS MADE by Director Matthews and seconded by Vice-President De Lara to approve the agenda. Motion passed unanimously. AYES – 6 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, and Director Borja Motion passed unanimously. NOES – 0 ABSENT – 0 ABSTAIN – 0
C. Public Comment	No public comment.	
D. Consent Agenda D.1.a. Board of Directors Meeting – March 26, 2019	President asked for a motion to approve the Consent Agenda.	#18-02 MOTION WAS MADE by Director Matthews and seconded by Vice-President De Lara to approve the Consent Agenda. Motion passed unanimously.



DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
April 23, 2019

<p>D.2.a. Approval of February and March Financial Statements that F&A approved April 9, 2019</p>		<p>AYES – 6 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, and Director Borja Motion passed unanimously. NOES – 0 ABSENT – 0 ABSTAIN – 0</p>
<p>E. Desert Healthcare Foundation CEO Report</p>	<p>No report was provided.</p>	
<p>F. Finance & Administration Committee</p> <p>1. Meeting Minutes – April 9, 2019</p>	<p>Director Matthews described the minutes of the April 9, 2019, meeting.</p>	
<p>G. Old Business</p> <p>1. CVHIP/IEHP</p> <p>2. Ready Set Swim and Ready Set Swim, Jr.</p>	<p>Alejandro Espinoza, Program Officer and Outreach Director, explained the CVHIP and IEHP merger, providing the Board with a visual of the CVHIP website outlining the search engine platform.</p> <p>Director De Lara suggested adding the District logo to the CVHIP website.</p> <p>Chris Christensen, Interim CEO, provided background on the Ready Set Swim program since its inception in 2014-2015 – a joint funding effort with collaborative funding totaling \$500k. The board moved forward with funding the current school year, but with the expanded District,</p>	



**DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
April 23, 2019**

<p>3. Homelessness Initiative Update</p>	<p>Staff recommends expanding to the new District boundaries, requesting to move forward with the possibility of \$300k-\$400k. The nutrition education and swimming component have been combined.</p> <p>Director Borja described the swim programs in Mecca, Coachella and La Quinta, suggesting that staff meet with Desert Recreation District about its programs. The city of Indio has a plan for a new park and recommends that staff attend the upcoming meeting to obtain additional information for a potential collaboration.</p> <p>Vice-President De Lara explained that First 5 has a strong interest in the program and recommends reaching out to First 5.</p> <p>President Zendle explained that the program should be Coachella Valley-wide with the District's footprint.</p> <p>Chris Christensen, Interim CEO, provided background on the Board's approval of the Barbara Poppe and Associates Collaborative to End Homelessness with an additional request from the Board for a proposal from Lift to Rise. The Coachella</p>	
---	---	--

DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
April 23, 2019

<p>a. Letter of Support – Assemblymembers Mayes/Garcia Funding to Combat Homelessness in the Coachella Valley</p> <p>4. Behavioral Health Initiative – Update</p> <p>a. EVALCORP Research & Consulting Update</p>	<p>Valley Association of Governments (CVAG) Homelessness Committee appointed Greg Rodriguez, Government Relations and Public Policy Advisor for Supervisor Perez, to develop a homelessness plan and lead the effort with funding from the matching funds.</p> <p>Greg Rodriguez explained that his work does not preclude the work of Lift to Rise for long-term housing and the Collaborative Action Network (CAN).</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor for Supervisor Perez, described his meetings with Assemblymembers Mayes and Garcia and their support to align the proposals with the existing nonprofits, rental rehabs, and emergency housing especially in the upcoming summer months, including the increase in homelessness in general.</p> <p>Donna Craig, Senior Program Officer, provided an update on the timeline and scope of work for EVALCORP Research & Consulting explaining the upcoming conference call concerning the tools and data.</p>	<p>#18-03 MOTION WAS MADE by President Zendle and seconded by Director Matthews to approve the Letter of Support – Assemblymembers Mayes/Garcia Funding to Combat Homelessness in the Coachella Valley. Motion passed unanimously. AYES – 6 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, and Director Borja Motion passed unanimously. NOES – 0 ABSENT – 0 ABSTAIN – 0</p>
--	--	---



DESERT HEALTHCARE FOUNDATION
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
April 23, 2019

<p>b. Behavioral Health Ad Hoc Committee</p>	<p>Chris Christensen, Interim CEO, explained the purpose of the Behavioral Health Ad Hoc Committee, and the scope of work with EVALCORP on the needs assessment. Once complete, the ad hoc committee will disband, and the Program Committee will develop future requirements of the committee.</p>	
<p>H. New Business</p>	<p>None</p>	
<p>I. Directors' Comments & Reports</p>	<p>Director Rogers explained that the public relations and communications budget is underbudgeted by \$9k for public relations and conferences. The grant expense is also underbudgeted by \$1M with 3 months left in the budget cycle – noting that a significant number of grants will be brought forward in the coming months.</p>	
<p>J. Adjournment</p>	<p>President Zendle adjourned the meeting at 8:31 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

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

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

**DESERT HEALTHCARE FOUNDATION
APRIL 2019 FINANCIAL STATEMENTS
INDEX**

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

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

	MONTH			TOTAL		
	Apr 19	Budget	\$ Over Budget	Jul '18 - Apr 19	Budget	\$ Over Budget
Income						
4000 · Gifts and Contributions	2,000	0	2,000	19,247	105,000	(85,753)
4003 · Grants	0	0	0	136,000	250,000	(114,000)
4007 · Grant Income - RSS Jr	0	0	0	63,192		
4116 · Bequests - Frederick Lowe	4,300	7,083	(2,783)	54,727	70,830	(16,103)
4130 · Misc. Income	0	83	(83)	0	830	(830)
8015 · Investment Interest Income	14,196	5,417	8,779	83,671	54,170	29,501
8040 · Restr. Unrealized Gain/(Loss)	81,657	833	80,824	296,391	8,330	288,061
Total Income	102,153	13,416	88,737	653,228	489,160	164,068
Expense						
5001 · Accounting Services Expense	647	628	19	6,470	6,280	190
5035 · Dues & Memberships Expense	0	83	(83)	24	830	(806)
5057 · Investment Fees Expense	7,266	1,100	6,166	29,515	18,500	11,015
5065 · Legal Costs Ongoing Expense	0	83	(83)	0	830	(830)
5100 · Office Supplies Expense	0	0	0	136	0	0
5101 · DHCD-Exp Alloc Wages& benefits	17,668	17,668	0	176,680	176,680	0
5106 · Marketing & Communications	100	4,167	(4,067)	2,994	41,670	(38,676)
5110 · Other Expenses	0	125	(125)	2,987	1,250	1,737
5115 · Postage & Shipping Expense	0	8	(8)	0	80	(80)
5120 · Professional Fees Expense	0	0	0	0	750	(750)
5210 · RSS Jr - Overhead Allocation	(866)	0	(866)	(17,358)	0	(17,358)
8051 · Major grant expense	0	18,250	(18,250)	1,465	182,500	(181,035)
8052 · Grant Expense - Collective/Mini	0	26,667	(26,667)	136,000	266,670	(130,670)
8053 · Grant Expense - RSS Jr	0	0	0	63,192	0	63,192
Total Expense Before Social Services Fund	24,815	68,779	(43,964)	402,104	696,040	(293,936)
5054 · Social Services Fund	12,000	2,083	9,917	36,000	20,830	15,170
Net Income	65,338	(57,446)	122,784	215,127	(227,710)	442,837

Desert Healthcare Foundation
Balance Sheet
As of April 30, 2019

		Apr 30, 19
ASSETS		
Current Assets		
Checking/Savings		
100 · CASH		
146 · Checking - Pacific Premier 6718		982,370
149 · Money Market - Pacific Premier		1,941
150 · Petty Cash		200
Total Checking/Savings		984,512
Other Current Assets		
476-486 · INVESTMENTS		
477 · Morgan Stanley-Investments		
477.2 · Unrealized Gain/(Loss)		27,116
477 · Morgan Stanley-Investments - Other		3,861,156
Total 477 · Morgan Stanley-Investments		3,888,272
486 · Merrill Lynch		
486.1 · Merrill Lynch Unrealized Gain		359,283
486 · Merrill Lynch - Other		1,642,361
Total 486 · Merrill Lynch		2,001,644
Total 476-486 · INVESTMENTS		5,889,916
500 · CONTRIBUTIONS -RCVB -CRTS		
515 · Contrib RCVB-Pressler CRT		66,389
530 · Contrib RCVB-Guerts CRT		122,540
Total 500 · CONTRIBUTIONS -RCVB -CRTS		188,929
601 · Prepaid Payables		1,794
Total Other Current Assets		6,080,638
Total Current Assets		7,065,150
Other Assets		
460 · Investments - Point Center Fin		
461 · Reserve - Point Center - Loan		(25,015)
460 · Investments - Point Center Fin - Other		25,015
Total Other Assets		-
TOTAL ASSETS		7,065,150

Desert Healthcare Foundation
Balance Sheet
As of April 30, 2019

		Apr 30, 19
LIABILITIES & EQUITY		
Current Liabilities		
Accounts Payable		
	1000 · Accounts Payable	28,257
	1052 · Account payable-DHCD Exp Alloc	56,742
	Total Accounts Payable	84,999
	2190 · Current - Grants payable	3,285,802
	Total Current Liabilities	3,370,801
Long Term Liabilities		
	2186 · Grants payable	1,200,000
	Total Liabilities	4,570,801
Equity		
	3900 · Retained Earnings	2,279,221
	Net Income	215,127
	Total Equity	2,494,349
TOTAL LIABILITIES & EQUITY		7,065,150

DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 4/30/19					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
ASSETS					
	146 · Checking Pacific Premier 6718	982,370	182,370	800,000	
	149 · Money Market Pacific Premier Bank	1,941	1,941		
	150 · Petty Cash	200	200		
	Total 100 · CASH - UNRESTRICTED	984,512	184,512	800,000	-
	477 · Invt-Morgan Stanley				
	477.2 · Unrealized Gain	27,116	27,116		
	477 · Invt-Morgan Stanley	3,861,156	175,354	3,685,802	
	Total 477 · Invt-Morgan Stanley	3,888,272	202,470	3,685,802	
	6441 486.1 · Merrill Lynch Unrealized Gain	359,283	359,283		
	486 · Merrill Lynch	1,642,361	1,642,361		
	Total 486 · Merrill Lynch	2,001,644	2,001,644	-	
	515 · Contrib RCVB-Pressler CRT	66,389			66,389
	530 · Contrib RCVB-Guerts CRT	122,540			122,540
	601 - Prepaid payables	1,794	1,794		
	Total Current Assets	7,065,150	2,390,419	4,485,802	188,929
	TOTAL ASSETS	7,065,150	2,390,419	4,485,802	188,929
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
	1000 · Accounts Payable	28,257	28,257		
	1052 - Account Payable - DHCD - Alloc Expenses	56,742	56,742		
	2180 - Accrued Accounts Payable	-	-		
	2190 - Grants Payable - Current Portion	3,285,802		3,285,802	
	Total Current Liabilities	3,370,801	84,999	3,285,802	-
	2186 - Grant Payable - Long Term	1,200,000		1,200,000	
	Total Liabilities	4,570,801	84,999	4,485,802	-
Equity					
	3900 · Retained Earnings	2,279,221	2,090,292		188,929
	Net Income	215,127	215,127		
	Total Equity	2,494,349	2,305,420	-	188,929
	TOTAL LIABILITIES & EQUITY	7,065,150	2,390,419	4,485,802	188,929

Desert Healthcare Foundation
Deposit Detail
 April 2019

Type	Date	Name	Amount
Deposit	04/29/2019		6,300
		American Society of Composers	(4,300)
		Jeff Hocker	(2,000)
TOTAL			(6,300)

Desert Healthcare Foundation
Check Register
 April 30, 2019

Type	Date	Num	Name	Amount
100 - CASH				
146 - Checking - Pacific Premier 6718				
Bill Pmt -Check	04/03/2019	10994	Desert Regional Medical Ctr Aux	(6,000)
Bill Pmt -Check	04/03/2019	10995	Desert Regional Medical Ctr Aux	(6,000)
Bill Pmt -Check	04/03/2019	10996	Meghan Kane-	(144)
Bill Pmt -Check	04/09/2019	10997	Vanessa Smith	(300)
Bill Pmt -Check	04/16/2019	10998	Alejandro Espinoza	(123)
Bill Pmt -Check	04/23/2019	10999	Alejandro Espinoza	(199)
Bill Pmt -Check	04/23/2019	11000	Vanessa Smith	(224)
TOTAL				(12,990)

DESERT HEALTHCARE FOUNDATION						
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE						
April 30, 2019						
TWELVE MONTHS ENDED JUNE 30, 2019						
		6/30/2018	New Grants		4/30/2019	
A/C 2190 and A/C 2186-Long term		Open	Current Yr	Total Paid	Open	
Grant ID Nos.	Name	BALANCE	2018-2019	July-June	BALANCE	
	Mayor's Check recorded - \$100K HP	\$ 46,106		\$ (29,555)	\$ 75,661	100 HP-cvHIP
	Mayor's Check recorded - \$100K HP	\$ 100,000		\$ -	\$ 100,000	100 HP - cvHIP
BOD - 7/25/17 (#937)	*West Valley Homelessness Initiative - Matching Grant	\$ 1,382,000		\$ 253,288	\$ 1,128,712	Homelessness
BOD - 9/26/17- RSS	RSS Funds-From Investment Funds for additional 4th year	\$ 53,904		\$ 94	\$ 53,810	RSS
TCE Grant 01/31/18	Cal Endowment - Community & Health Policy Analysts 12/1/17- 11/30/18	\$ 189,375		\$ 107,844	\$ 81,530	TCE
BOD - 04/24/18	Behavioral Health Initiative Collective Fund	\$ 2,000,000			\$ 2,000,000	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services	\$ 1,000,000			\$ 1,000,000	
BOD - 10/23/18 BOD	RSS Grant from Desert Healthcare District		\$ 136,000	\$ 89,911	\$ 46,089	
TOTAL GRANTS		\$ 4,771,385	\$ 136,000	\$ 421,583	\$ 4,485,802	
Summary: As of 4/30/19		\$ 217,292		A/C 2190	\$ 3,285,802	
Health Portal (CVHIP):	\$ 175,661	\$ 200,000		A/C 2186	\$ 1,200,000	
Swim	\$ 53,810	\$ 417,292		Total	\$ 4,485,802	
Swim (funded by DHCD 10.25.18)	\$ 46,089	\$ 4,354,093		Diff	\$ 0	
West Valley Homelessness Initiative	\$ 1,128,712					
Cal Endowment-Analysts	\$ 81,530					
Behavioral Health Initiative Collective Fund	\$ 2,000,000					
Avery Trust - Pulmonary Services	\$ 1,000,000					
Total	\$ 4,485,802					
<i>* West Valley Homelessness Initiative - COMMITTED FUNDS \$1,927,863 (BALANCE \$72,137)</i>						
Amts available/remaining for Grant/Programs - FY 2018-19:		FY17 Grant Budget				
Amount budgeted 2018-2019		\$ 539,000		\$ 219,000		
Amount granted year to date		\$ (136,000)		\$ 320,000		
Mini Grants:						
Net adj - Grants not used:						
Balance available for Grants/Programs		\$ 403,000				



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
MEETING MINUTES
May 14, 2019

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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Matthews called the meeting to order at 3:22 p.m.	
II. Approval of Agenda	Chair Matthews asked for a motion to approve the Agenda.	It was moved and seconded (Community Member Shorr, Vice-President De Lara) to approve the agenda. Motion passed unanimously.
III. Public Comment	No public comment.	
IV. Approval of Minutes	Chair Matthews asked for a motion to approve the minutes of the April 9, 2019 F&A Committee meeting.	It was moved and seconded (Vice-President De Lara, Community Member Shorr) to approve the agenda. Motion passed unanimously.
V. CEO Report	No report was provided.	
VI. Financial Reports 1. Financial Statements 2. Deposits 3. Check Register 4. General Grants Schedule	Chris Christensen, Interim CEO, reviewed and explained the financials with the committee.	It was moved and seconded (Community Member Shorr, Vice-President De Lara) to approve the April 2019 Foundation Financial Reports – items 1.-5. and forward to the Board for approval. Motion passed unanimously.
VII. Other Matters 1. FY 2019 – 2020 Annual Budget Review	Chris Christensen, Interim CEO, provided an overview of the budget outlining the loss for the year of \$356K due to wage allocations from the District (\$327K) in line item 5101. District staff will be working to	It was moved and seconded (Community Member Shorr, Director De Lara) to approve the FY 2019 – 2020 Annual Budget and forward to the Board for approval. Motion passed unanimously.



**DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
MEETING MINUTES
May 14, 2019**

	develop funding options in the newly annexed boundaries.	
Public Comment		
VIII. Adjournment	Chair Matthews adjourned the meeting at 3:28 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

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

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

DRAFT

DESERT HEALTHCARE FOUNDATION													
CASH FLOW PROJECTION													
FY2019-2020													
Available Cash July 1, 2019	\$ 5,624,546												
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Beginning Cash Balance:	\$ 5,624,546	\$ 5,595,933	\$ 5,567,321	\$ 4,863,458	\$ 4,834,846	\$ 4,806,233	\$ 4,184,235	\$ 4,170,623	\$ 4,142,010	\$ 3,993,148	\$ 3,979,535	\$ 3,950,923	\$ 5,624,546
Cash Receipts:													
Grants, Interest & F. Lowe	13,833	13,833	101,333	13,833	13,833	101,333	13,833	13,833	101,333	13,833	13,833	101,333	516,000
Gifts & Contributions	-	-	-	-	-	-	15,000	-	-	15,000	-	-	30,000
Total Receipts	13,833	13,833	101,333	13,833	13,833	101,333	28,833	13,833	101,333	28,833	13,833	101,333	546,000
Cash Disbursements:													
Operations	11,258	11,258	11,508	11,258	11,258	11,508	11,258	11,258	11,508	11,258	11,258	11,508	136,100
Reimbursement to District - Exp allocation	27,854	27,854	27,854	27,854	27,854	27,854	27,854	27,854	27,854	27,854	27,854	27,854	334,249
Grants - Various			762,500			680,636			207,500				1,908,136
Social Services Fund	3,333	3,333	3,333	3,333	3,333	3,333	3,333	3,333	3,333	3,333	3,333	3,333	40,000
Total Cash Disbursements	\$ 42,446	\$ 42,446	\$ 805,196	\$ 42,446	\$ 42,446	\$ 723,332	\$ 42,446	\$ 42,446	\$ 250,196	\$ 42,446	\$ 42,446	\$ 300,196	\$ 2,418,485
Cash Balance	\$ 5,595,933	\$ 5,567,321	\$ 4,863,458	\$ 4,834,846	\$ 4,806,233	\$ 4,184,235	\$ 4,170,623	\$ 4,142,010	\$ 3,993,148	\$ 3,979,535	\$ 3,950,923	\$ 3,752,060	\$ 3,752,060

DESERT HEALTHCARE FOUNDATION									
FY 2019 - 2020 BUDGET									
	Budget	Proj						Inc(Dec)	
	Fiscal Yr	6/30/2019	FYE 2020				FYE 2020	Budget	
	FYE 2019	Balance	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Vs Proj	
INCOME									
4000 - Gifts and Contributions	205,000	17,247	-	-	15,000	15,000	30,000	12,753	
4003 - Grants Income*	250,000	136,000	87,500	87,500	87,500	87,500	350,000	214,000	
4003 - Avery Trust transfer from DHCD	-	-	-	-	-	-	-	-	
4007 - Grant Income - RSS Jr	-	63,192	-	-	-	-	-	(63,192)	
4116 - Bequests - Frederick Loewe	85,000	67,237	16,250	16,250	16,250	16,250	65,000	(2,237)	
4130 - Misc Income	1,000	-	250	250	250	250	1,000	1,000	
8015 - Investment Interest Income	65,000	92,632	25,000	25,000	25,000	25,000	100,000	7,368	
8040 - Unrealized Gain/(Loss)	25,000	286,313	43,750	43,750	43,750	43,750	175,000	(111,313)	
8030 - Change in value of CRT's	6,000	6,000	-	-	-	-	6,000	-	
TOTAL INCOME	637,000	668,622	172,750	172,750	187,750	193,750	727,000	58,378	
FOUNDATION EXPENSES									
5001 - Accounting Services	7,534	7,762	2,000	2,000	2,000	2,000	8,000	238	
5035 - Dues and membership	1,000	24	125	125	125	125	500	476	
5057 - Investment fees	23,200	30,499	7,500	7,500	7,500	7,500	30,000	(499)	
5065 - Legal Fees - Ongoing	1,000	-	250	250	250	250	1,000	1,000	
5101 - DHCD Exp Alloc - Wages & Benefits - Staff	212,020	212,016	83,562	83,562	83,562	83,562	334,249	122,233	
5105 - East Valley Office Expense	-	-	-	-	-	-	-	-	
5106 - Marketing/Communication/Transformation	50,000	11,859	11,875	11,875	11,875	11,875	47,500	35,641	
5107 - Other New Vision Expenses	-	-	-	-	-	-	-	-	
5110 - Other Expense	1,500	3,323	1,250	1,250	1,250	1,250	5,000	1,677	
5210 - RSS Jr Expense clearing accout	-	(16,492)	(4,250)	(4,250)	(4,250)	(4,250)	(17,000)	(508)	
5115 - Postage & Shipping	100	-	25	25	25	25	100	100	
5120 - Professional Fees	1,000	-	250	250	250	250	1,000	1,000	
6000 - Payroll & Expenses - TCE Grant	-	-	18,048	11,816	-	-	29,864	29,864	
6004 - TCE Grant Allocation to Grants Payable 2190	68,403	-	(18,048)	(11,816)	-	-	(29,864)	(29,864)	
8051 - Grant Expense - External Sources	219,000	137,465	62,500	62,500	62,500	62,500	250,000	112,535	
8053 - Grant Expense - RSS Jr	-	63,192	15,000	15,000	15,000	15,000	60,000	(3,192)	
8052 - Grants Expense - Includes mini grants**	320,000	300,000	82,500	82,500	82,500	82,500	330,000	30,000	
TOTAL EXPENSE	836,354	749,648	262,587	262,587	262,587	262,587	1,050,349	300,702	
FUNDS - EXPENSE									
5054 - Social Services Expense	25,000	27,000	10,000	10,000	10,000	10,000	40,000	(13,000)	
TOTAL FUNDS EXPENSE	25,000	27,000	10,000	10,000	10,000	10,000	40,000	(13,000)	
SUMMARY									
Income	637,000	668,622	172,750	172,750	187,750	193,750	727,000	58,378	
Expenses	861,354	776,648	272,587	272,587	272,587	272,587	1,090,349	313,702	
Net Income (Loss)	(224,354)	(108,026)	(99,837)	(99,837)	(84,837)	(78,837)	(363,349)	(255,323)	
Assumption: Subsequent Gifts, Contributions, Grants will considered to be offset with corresponding grant expense.									
					Sources for Expansion Funding (Estimated)				
					Committed	FYE2020	Source		
					FND Investment Accounts	100,000	85,000	FND B/S	
					Avery Trust Investment	50,000	50,000	FND B/S	
					Bequests - Fredrick Loewe	75,000	65,000	FND P&L	
					Investment Interest	50,000	100,000	FND P&L	
					Solar Income	25,000	-	N/A	
						300,000	300,000		

DESERT HEALTHCARE DISTRICT										
EMPLOYEE EXPENSES - BUDGET 2019-2020										
HEALTH AND OTHER HEALTH RELATED INCLUDING INSURANCE EXPENSES										
FY 2019 - 2020 BUDGET										
Employee Name	Job Title	FT PT	Date of Hire	Annual Wage	2019 QTR 1	2019 QTR 2	2020 QTR 3	2020 QTR 4	Total Wages	
# of Payrolls	TCE Grant Funded				6	7	6	7	26	
Meghan Kane	Community Health Analyst	FT	05/01/18	\$ 60,000	\$ 13,846	\$ 9,231	\$ -	\$ -	\$ 23,077	
	Stipend/hour			\$ 4.04	\$ 4,202	\$ 2,586	\$ -	\$ -	\$ 6,787	
Total					\$ 18,048	\$ 11,816	\$ -	\$ -	\$ 29,864	

DESERT HEALTHCARE FOUNDATION									
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE									
As of 6/30/2019									
TWELVE MONTHS ENDED JUNE 30, 2020				FYE 6/30/2020				TOTAL YR	
A/C 2190 and A/C 2186	3/31/2019							Disb	Balance
	Open	Grants New	Total	QTR 1	QTR 2	QTR 3	QTR 4	FYE 6/30/20	at 6/30/2020
Name	BALANCE	6/30/2020	Grants						
Mayor's Check recorded - \$100K HP	\$ 60,661		\$ 60,661	\$ 30,000	\$ 15,235	\$ -	\$ -	\$ 45,235	\$ 15,426
Mayor's Check recorded - \$100K HP	\$ 100,000		\$ 100,000	\$ -	\$ 100,000	\$ -	\$ -	\$ 100,000	\$ -
West Valley Homelessness Initiative - Matching Grant	\$ 828,712		\$ 828,712	\$ 500,000	\$ 328,712	\$ -	\$ -	\$ 828,712	\$ -
RSS Funds-From Investment Funds for additional 4th year	\$ 43,810		\$ 43,810	\$ 40,000	\$ 3,810	\$ -	\$ -	\$ 43,810	\$ -
Cal Endowment - Community & Health Policy Analysts 12/	\$ 70,379		\$ 70,379	\$ 45,000	\$ 25,379	\$ -	\$ -	\$ 70,379	\$ -
Behavioral Health Initiative Collective Fund	\$ 1,960,000		\$ 1,960,000	\$ 90,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 690,000	\$ 1,270,000
Avery Trust Funds-Committed to Pulmonary Services	\$ 1,000,000		\$ 1,000,000	\$ 50,000	\$ -	\$ -	\$ 50,000	\$ 100,000	\$ 900,000
RSS Grant From Desert Healthcare District	\$ 74,886		\$ 74,886	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500	\$ 30,000	\$ 44,886
New Mini/General Grants program	\$ 300,000	\$ 330,000	\$ 630,000						
TOTAL GRANTS	\$ 4,438,448	\$ 330,000	\$ 4,768,448	\$ 762,500	\$ 680,636	\$ 207,500	\$ 257,500	\$ 1,908,136	\$ 2,230,312

Desert Healthcare Foundation						
Budget Detail						
FY 18-19						
4000 - Gifts & Contributions						
	30,000	<i>Estimated External Partners(i.e. Foundations)</i>				
	30,000					
4003 - Grant Income						
	350,000	Various				
	350,000					
4003 - Avery Trust \$\$ from DHCD						
5101 - DHCD Exp Alloc - Wages & Benefits - Staff						
	334,249	From DHCD Dir & Empl Exp				
5106 - Communications/Marketing/Branding						
	40,000	Detail - CVHIP				
		10,000	Radio			
		15,000	Digital			
		15,000	Print			
		40,000				
	7,500	Miscellaneous				
	47,500					
8051 - Grant Expense - Outside Sources						
	250,000	Ready Set Swim				
	250,000					
8052 - Grant Expense - Including Mini Grants						
	300,000	Expansion Commitment				
	30,000	Mini Grants				
	330,000					



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 28, 2019
To: Board of Directors
Subject: CVHIP Update

Staff Recommendation: Informational item only

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

Onboarded organizations:

- 4/16/19: Volunteers In Medicine: Case Managers
- 4/23/19: FIND Food Bank: Administrative
- 4/29/19: The LGBT Center of Palm Springs: Case Managers
- 5/01/19: Riverside University Health System (RUHS) Behavioral Health: Case Managers
- 5/09/19: Health to Hope: Administrative
- 5/23/19: Borrego Health: Administrative
- 5/31/19: FIND Food Bank: Case Managers

Presentations:

- 5/01/19: RUHS Behavioral Health: Transitional Age Youth Collaborative
- 5/08/19: Inland Empire Disabilities Collaborative
- 5/15/19: Clinicas de Salud del Pueblo: Coachella Clinic Staff Meeting

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

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

Fiscal Impact: None.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 28, 2019
To: Board of Directors
Subject: Ready, Set, Swim (RSS) & Ready, Set, Swim Jr. (RSS Jr.) programs

Staff Recommendation:
Informational item only

Background:

Ready, Set, Swim

Acting upon the direction given by the Board of Directors to explore the expansion of the Ready, Set, Swim program, staff has met with the Desert Recreation District and Boys and Girls Club of Palm Springs to discuss expansion and continuation of the program. We discussed several possibilities to expand the RSS program to the east valley targeting third graders from the Coachella Valley Unified School District and Desert Sands Unified School District.

Due to the lack of an indoor swimming facility and amount of elementary schools (24 total in both school districts) we couldn't replicate the program in the east valley as currently constructed. We decided on a voucher program for summer swimming classes for only third graders or other grades depending on enrollment. During the summer time frame, the Desert Recreation District will be fully staffed and will provide the classes in La Quinta, Indio, Coachella and Mecca pools.

Ready, Set, Swim Jr.

Staff met with Edward E. Emery, the contracts and grants analyst for First 5 Riverside, about the drowning prevention RFP for the FFY 2019/2020. He stated that the RFP will be sent out within the next couple of weeks and will include the DHCD in the mailing list. The Boys and Girls Club of Palm Springs and Desert Recreation District are onboard for the program, which will be valley-wide, providing swimming classes for children under 5 years old in pool facilities in the cities of Palm Springs, Desert Hot Springs, Indio, La Quinta, Coachella and Mecca.

Fiscal Impact:
Unknown at this time.



Date: May 28, 2019
To: BOARD OF DIRECTORS
Subject: Homelessness Initiative – update

STAFF RECOMMENDATION: Information Only:

Background:

➤ **CVAG HOMELESSNESS COMMITTEE:**

- At the May 15, 2019 CVAG Homelessness Committee meeting, it was reported that to date, \$1,089,711 in contributions to CV Housing First have been received or confirmed for FY 18/19, with an additional \$700,000 in projected matching funds from the Desert Healthcare District/Foundation, for a total of \$1,789,711 for the current fiscal year. This includes a 1st time contribution from the City of Rancho Mirage.
- Subsequently, the CVAG voting members representing the cities of Indio and Indian Wells each stated a \$100,000 contribution to CVAG Housing First has been added as a line item to their respective budgets. Confirmation will be coming in the next couple of weeks. These additional cities, if approved, will be a record 9 to contribute this year.
- At the June 11, 2019 Program Committee meeting, Staff will present a grant for consideration of approval, to the Desert Healthcare Foundation to fund the additional \$300,000 for the 9 cities and the Foundation’s contribution. Note: \$700,000 previously committed from the remaining funds in the Foundation’s Homelessness Initiative collective fund.
- The CVAG Executive Committee approved the Homelessness Committee recommendation to fund Greg Rodriguez’s time, using the pooled funds from CV Housing First, to lead the implementation of the homelessness collaborative recommended in the Barbara Poppe report, for one year, with an option to renew. Greg is anticipated to begin this work with a full start on June 1.
 - A roadmap for implementation of the homelessness collaborative will be delivered to CVAG Homelessness Committee in September in order to engage stakeholders, convene collaborative partners, and begin action planning before the end of the year.
- A new MOU between CVAG and Desert Healthcare Foundation is being developed with revised language to reflect the matching dollars; Greg’s time; the

name change from “West Valley Housing Navigation Program” to “CV Housing First” with metrics attached reflecting changes made with the last amendment to Path of Life’s contract. The MOU will be brought to the Foundation Board of Directors at the June 25, 2019 board meeting for consideration to approve.

➤ **HEALTH TO HOPE CLINICS:**

- It was announced last Friday (May 17, 2019) that Health to Hope Clinics was shutting down its operations at all locations.
- Health to Hope, a Federally Qualified Health Center (FQHC) received about 20% of its funding from a US Department of Health and Human Resources grant through the Health Resources and Services Administration (HRSA) and is one of the largest providers of health care for those experiencing homelessness in the Coachella Valley.
- H2H had three clinic locations in Riverside, one at the Coachella Valley Rescue Mission, one at Martha’s Village & Kitchen, and four mobile health care vans.
- H2H had a pending grant request for \$125,000 to the Desert Healthcare District which was officially withdrawn.
- Borrego Health is in contact with CVRM to discuss how they can assist.

IMPACT on the Coachella Valley:

- A setback in managing follow up care for the homeless being discharged from hospitals.
- Reducing access to affordable health care to a vulnerable population.
- Opportunity for other free or reduced-cost clinics in the CV (Volunteers in Medicine; Desert AIDS Project, Borrego Health, Clinicas del Salud, UCR Health, among others) to collaborate in partnership with emergency shelters to offer and/or set up satellite clinic services as well as offer specialized health care for the homeless.
 - Note: both CV Volunteers in Medicine and UCR Health have street medicine outreach programs to assist the homeless outside of a clinic setting.

Fiscal Impact (for Coachella Valley Housing First)

- \$700,000 remaining in DHCF Homelessness Collective Fund to be matched with 7 cities contributions of \$100,000 each – Total leverage: \$1,400,000
- \$200,000 expected to be contributed to CVAG CV Housing First from City of Indio and City of Indian Wells. Expected District match \$200,000 = Total leverage: \$400,000
- DHCD previously contributed its own dollars (\$103,000) to the original “West Valley Housing Navigation Program” and may consider another contribution of \$100,000.
-

TOTAL FISCAL IMPACT: \$1,000,000. (\$700,000 + \$200,000 + \$100,000). With the potential of 9 cities match, the total will be \$1,900,000.



April 30, 2019

The Honorable Gavin Newsom
Governor, State of California
State Capitol
Sacramento, CA 95814

SUPPORT: Coachella Valley Association of Governments – Homelessness Funding Proposal
(Mayes/Garcia)

Dear Governor Newsom:

On behalf of the Desert Care Network, I am writing to lend our full support to the \$10 million bipartisan funding request submitted by Assembly Members Chad Mayes and Eduardo Garcia to address gaps for homelessness in the Coachella Valley, including offering additional resources needed for healthcare systems to address many components of our new homeless patient discharge requirements, as mandated under Senate Bill 1152, which was signed into law last fall by then-Governor Brown.

Desert Care Network (DCN) is comprised of three acute care hospitals, ambulatory surgery centers, urgent care centers, primary and specialty physician clinics and ancillary services covering the greater Coachella Valley and Morongo Basin. Individually and separately, our hospitals provide the lion's share of care for Medi-Cal, under- and uninsured residents throughout the region.

Working as a unified system, DCN offers advanced, quality care – from preventive and routine healthcare to highly specialized services – to everyone, including the homeless. We serve many diverse communities throughout the desert, enabling patients to access care at convenient locations close to home. Our primary goal is to improve care coordination between our hospitals and our community resource partners.

With enactment of SB 1152, DCN will continue and enhance its focus to partner with local resources to address the needs for homeless patients being discharged from our emergency rooms and hospitals. However, through collaboration with local partners (elected officials, District, non-profits, etc.), we have identified a key gap – the low inventory of housing units for the homeless beyond emergency shelter beds. Your support for additional funding will allow the Coachella Valley to address this critical gap for the homeless. Simply put, we need more housing units.

The Coachella Valley bears an overwhelming percentage of homelessness in Riverside County and the Coachella Valley Association of Governments (CVAG) is working with local stakeholders to expand homelessness programs and services. Our region is uniquely positioned to utilize these proposed resources in a data-driven and results-oriented fashion. For the past two years, our community leaders have worked to implement a regional housing first strategy, as well as continue to support current shelters and service providers. Additionally, after months of analysis of our area's landscape with the assistance of a nationally-renowned expert hired by the Desert Healthcare District, we collectively are establishing a groundbreaking that will maximize our ability to work together to end homelessness in Coachella Valley. Access to healthcare remains a critical



April 30, 2019
Page Two

component of that, and DCN will remain a strong partner in our ongoing efforts to ensure improved quality healthcare services are provided to all those we serve.

We are aware that fighting homelessness and supporting homeless individuals and families across the Coachella Valley requires a coordinated approach and as a result we remain committed to working together with a growing collective of public and private stakeholders in these pursuits.

Thank you for putting California's homelessness crisis at the top of your agenda. We believe the request submitted by Assembly Members Mayes and Garcia directly aligns with many of the proposals you have made a priority for our state. Timing is key because an investment in our historically under-served region would provide the critical resources to implement programs that could serve as a model for other regions in California.

Thank you for considering our strong support for this worthy proposal. If you or your staff has any questions, please do not hesitate to contact me at michele.finney@tenethealth.com or 760-323-6774.

Sincerely,

Michele Finney
Chief Executive Officer, Desert Care Network
Chief Executive Officer, Desert Regional Medical Center

cc: Gary Honts, CEO, JFK Memorial Hospital
Karen Faulis, CEO, Hi-Desert Medical Center
Honorable Robert Moon, Mayor, City of Palm Springs
Sam Roth, Director – Government Relations, Tenet Healthcare
Tom Kirk, Executive Director – CVAG



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 28, 2019
To: Board of Directors
Subject: Behavioral Health Initiative Update

Recommendation:
Information Only

Background:

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

Updates:

- From May 6 to May 20, 2019, EVALCORP conducted an online survey to reach a diverse group of individuals who are on the front lines of interacting with those in need of mental and behavioral health services. There was a total of 74 respondents.
- EVALCORP has completed 14 of 15 phone interviews with key stakeholders in order to gather broad information about the mental and behavioral health needs of the Coachella Valley from a systems-level perspective.
- Currently, EVALCORP is in the process of scheduling 5 focus groups throughout the Coachella Valley. The focus groups will target parents, older adults, youth, LGBTQ+, and Spanish-speaking residents with a goal of completion by mid-June.
- EVALCORP is on track with the scope of work.

Fiscal Impact:

Included in the Behavioral Health Initiative \$2M.



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 28, 2019
To: Board of Directors
Subject: Eastern Coachella Valley Community Listening Forums Update

Recommendation:

Share, discuss and use the information learned from the six community listening forums and request Board guidance on next steps and funding prioritization (\$300,000 approved specific to newly expanded boundaries) to meet the community's needs. (Information Only)

Background:

- From late February to mid-April, staff hosted six community listening forums across the newly expanded District boundaries.
- The goal of the forums was to start to understand the needs and priorities of the newly annexed area.
- Following a brief informational presentation, staff engaged in resident-driven conversations around three of our community focus areas: homelessness, primary care and behavioral health access, and healthy eating and active living with an opportunity for residents to discuss other ideas.
- Across the forums, we reached 75 people with primary care and behavioral health access coming out as priority number one and a high need for resource awareness across all focus areas.
- Please see attached for a high-level summary of all six forums along with the detailed notes. Both will be available on the website in English and Spanish.

Next Steps:

- Update relevant Coachella Valley stakeholders with the high-level forum summaries.
- Use the input from all six forums to inform the current and future Strategic Plan and policies.
- Consider developing strategies to implement change with collaborating partners in conjunction with the District's Strategic Plan, grant-funding structure/process, the upcoming behavioral health needs assessment and other funding partners.
- Position the District to go after grants and encourage alignment between funders in order to give the District the opportunity to grow the \$300,000.
- Integrate primary care and behavioral health access with a focus on mobile health units and building the outreach capacity of local nonprofits.
- Focus on building resource awareness through the CVHIP platform.

Fiscal Impact:

\$300,000 grant funding included in the FY 18-19 Budget.



DESERT HEALTHCARE DISTRICT & FOUNDATION

Community Listening Forums – Eastern Coachella Valley

From late February to mid-April, the Desert Healthcare District and Foundation staff hosted six community listening forums in communities across the newly annexed area of the District. The goal of the forums was to start to understand the needs and priorities of the newly annexed area while also using the opportunity to bring awareness of the District and Foundation, share our history, highlight the recent expansion passage and two new Board members, and discuss the importance of civic engagement in informing our Strategic Plan and the rezoning process.

Following a brief informational presentation on the District and civic engagement, residents participated in an interactive activity. Throughout the activity, staff engaged in resident-driven conversations around three of our community focus areas: homelessness, primary care and behavioral health access, and healthy eating and active living with an opportunity for residents to discuss other ideas that did not fall within our identified areas. Ultimately, staff aimed to try and truly understand issues faced by the community by conversing on underlying concerns within high-level issues, building on conversations, and discussing solutions and barriers in order to identify priorities likely to have the greatest impact. This document will summarize the input from all six forums in hopes of informing our current and future Strategic Plan and policies. After engaging with the group, we asked the participants to rank the three focus areas (including other ideas) in order from 1 to 4 with 1 being the highest priority/need in their community [please note that not everyone returned their ranking sheets].

Highlights from community listening forums:

The forum locations in the newly annexed area included Mecca, North Shore, Coachella, La Quinta, Palm Desert and Indio with translation services available at each. Across the forums, we reached 75 people with primary care and behavioral health access coming out as priority number one and a high need for resource awareness across all focus areas. The smaller groups provided a valuable opportunity for in-depth, meaningful conversations. Below are the high-level summaries of the forum discussions. Complete detailed notes will be available on dhcd.org.

Mecca

- Homelessness: Participants identified overcrowding or “precariously housed” with a lack of mixed-income housing and the poor quality of the current housing supply with an emphasis on the need for infrastructure improvement support and quicker transitions into housing from evictions or rent control issues.
- Primary Care and Behavioral Health Access: There was a significant concern for agriculture workers around sanitation, pesticide safety, and toxin education in addition to the need for targeted, mental health youth programs and ways to mitigate stigma.
- Healthy Eating, Active Living: The focus was on opportunities to reduce the dependence on foodbanks and implementing creative ways to be active with a focus on stress management.
- Other Ideas: Equipment assistance after fires, improved access to water, and community policing.

Coachella

- Homelessness: The participants identified overcrowding or “precariously housed” that occurs due to rent control issues and emphasized the importance of identifying root causes of homelessness and improving resource connection through outreach.

- Primary Care and Behavioral Health Access: When discussing health access, the need for increased frequency of mobile health units and opportunities for walk-in visits were highlighted along with finding solutions to mitigate the fear of doctor visits that stems from a lack of culturally competent care.
- Healthy Eating, Active Living: The underutilization of available resources and the need for increased community organizing around living a healthier lifestyle were highlighted.
- Other Ideas: There is a high need for increased awareness during the planning stages for marijuana dispensaries and the need for more community leaders.

Indio

- Homelessness: This group highlighted the importance of homeless service awareness for the entire community, developing an understanding of trends that come with seasonal challenges, and having cultural competency trainings.
- Primary Care and Behavioral Health Access: The behavioral health conversation was driven by lack of resources within the schools, the importance of normalizing mental health and moving away from the medicalization of mental health.
- Healthy Eating, Active Living: Additionally, participants emphasized the importance of developing healthy habits through educational classes and expanding evidence-based programs like NEOP.
- Other Ideas: Transportation awareness campaigns and integrating environmental justice into conversations were emphasized.

North Shore

- Homelessness: Residents identified homelessness being driven by lack of new construction and infrastructure investment in the North Shore region.
- Primary Care and Behavioral Health Access: Access to care issues mainly stemmed from no local clinics and the preference of medical tourism. Also, the parents of the group emphasized mental health education to help identify signs and ways in which they can support their children as they deal with the social pressures of society.
- Healthy Eating, Active Living: The conversation focused on the rain damage to the newly built park with safety concerns around stray dogs, lack of lightening and the need for a patrol car.
- Other Ideas: Increased frequency of SunLine bus routes and more focus on the physical health impact of the Salton Sea.

La Quinta

With a small audience, we were given the opportunity to have a focused, in-depth talk and enhance our knowledge around priorities for the physically disabled population.

- Homelessness: With La Quinta's close proximity to the homeless shelters, they have found their homelessness efforts focused on the at-risk population.
- Primary Care and Behavioral Health Access: In order to address the gap in services for the physically disabled, there is a need for monthly sub-specialty care rotations, resource awareness and having behavioral health professionals with relatable experiences.
- Healthy Eating, Active Living: Additionally, in order to address demand and seasonal challenges around active living, a recreational facility with adaptable equipment and indoor spaces is desirable.
- Other Ideas: There was discussion on the lack of data to inform decisions, the need for inter-generational activities and targeted, population-specific focus groups.

Sun City Palm Desert

- Homelessness: There is a need for connected, consistent, unduplicated, and stigma-free services across the entire Coachella Valley for homeless and the at-risk population.

- Primary Care and Behavioral Health Access: With no onsite services, transportation to medical appointments and mobile health clinics resonated among residents with deep concern for the lack of specialists and education around Alzheimer/Dementia care.
- Healthy Eating, Active Living: Even with access to a myriad of healthy activities, there is additional need for healthy cooking demonstrations, dieticians, and balance programs.
- Other Ideas: There was high interest in health fairs and improving cross-sector collaboration.

Community listening forum – what we learned:

- Smaller groups allowed for in-depth conversations and a deeper understanding of high-level priorities.
- The forums provided time to understand current coping mechanisms and skills and what we can learn from them – ways to expand and build off pre-existing resources.
- Hosting six forums at six locations provided several opportunities for residents to be civically engaged.
- The forums created an opportunity to engage a wide audience in information sharing and discussion.
- The forums provided an opportunity to increase awareness of the District, the Foundation and the future rezoning process.
- The conversations created resident-driven, meaningful dialogue.
- Individuals had opportunities to meet others with the same interests/problems/concerns.
- Opinions obtained were limited to those who attend—not all viewpoints were heard.
- Some participants may have been intimidated from actively participating because of the presence of other participants, especially if some participants have assertive personalities and tend to dominate the discussion.
- The last two forums were scheduled the day before large music festivals which may have negatively impacted attendance.

How do we plan to use this information – what is our intent?

Our intent is to share the information learned from the six community forums to DHCD Board members, staff, and the public. This information should inform the Board during discussions about future funding and the Strategic Plan in order to establish priorities likely to have the greatest impact across the entire Coachella Valley. During the summer months or early fall, staff will go back into the community and host additional forums to share what was learned and how resident feedback will be utilized in future decisions around policies, processes, and procedures.



DESERT HEALTHCARE DISTRICT & FOUNDATION

Mecca Community Listening Forum (1 of 6)

February 21, 2019 (5:00 – 7:00 p.m.)

Boys and Girls Club

91391 66th Ave., Mecca, CA 92254

Homelessness:

- Housing
 - Lack of housing supply to keep up with demand
 - Available housing is of poor quality
 - A need for more housing assistance programs to place people timely and efficiently
 - Down payment and rental assistance programs
 - Assist with relocation for individuals who have been evicted
 - Affordable housing opportunities for workers during harvest season — often they are residing with family in overcrowded situations
 - Low-income housing
 - Single family apartments for low-income earners with options for disability services and additional services available onsite
 - Mixed-income housing
 - Providing people the opportunity to live where their parents and grandparents reside without gentrifying neighborhoods
 - One resident left Mecca to pursue a degree and came back to work in the community she grew up in and be close to family; however, there were no opportunities for mixed-income housing
 - Availability of varying lease options — short-term housing
 - Senior living opportunities — a need for a senior housing development with onsite resources/activities
 - Connect seniors with savings plan information for retirement
- Infrastructure improvement
 - Many of the trailer parks experience mold issues from leaks but cannot get the resources to fix it
 - Bring in programs that help with housing modifications — ability for disabled individuals to alter their infrastructure for ease and accommodation
 - Assistance programs for old mobile homes replacement, street paving, and repairs
- Anti-poverty programs that focus on the at-risk population

Primary Care and Behavioral Health Access:

- Preventative care
 - Create additional opportunities for first aid training
 - Suicide prevention programs targeted toward youth
 - Provide programs around sanitary and pesticide education
 - Increase efforts that target prevention methods to keep people out of hospitals and clinics
- Programs directed toward people living in poverty — especially seasonal workers who are exposed to harsh working conditions

- Find a way to increase outreach to harvest workers who are fearful of doctors or undocumented
- Address the increase of stress within the agricultural workers as anxieties increase during off season
- Improve availability of doctors who are educated on pesticides, asthma, and air quality
- Alcohol and drug assistance
 - Substance abuse among youth is increasing partially due to mental health issues not being addressed
 - Individuals are self-medicating and worsening underlying issues
 - The process to get help in the eastern Coachella Valley is challenging because of the limited rehabilitation services and resources
 - What is available is either far away, not affordable or targeted to a specific group
 - There needs to be a softer approach to address mental health with the youth
- Increased availability of psychologists/therapists (for all age groups)
- Access to psychologists and therapists (for all age groups)
 - Have psychologists rotating monthly at apartment complexes
- Walk-in clinics/centers/counseling
 - Improve the process of getting to a mental health professional — too much time is wasted going through a primary care provider first or waiting for insurance approval
 - Increased access to care outside of regular business hours
- Address stigma associated with getting help — more encouragement to get people to access the assistance when they need it
- Resource awareness — how can we improve utilization of what is already available?

Healthy Eating, Active Living:

- Farmers' markets
 - Ways to look at the costs associated with farmers markets.
 - The fees and permits associated with opening and running a market are expensive and you must go all the way out to Riverside County to get them
 - Have a program so that the costs do not all fall on the people and they can make a profit and increase access to healthier foods
- Reduce the dependence on food banks
 - There are a lot of competition problems because no one can compete with free
 - How would we get a grocery store to be sustainable out in Mecca?
- Education/Information
 - Help promote use of EBT, food stamps, etc. to get people off the food lines
 - It is often a matter of time as many work 10-hour days on the fields, pick up their kids, etc. and don't have the time to properly nurture their family → they have the intelligence and experience but not the time
- Active living — we need to improve the quality of work life
 - There are a lot of physical injuries at work in addition to mental exhaustion
- Reforming school meals — many children are utilizing the school for the majority of their school meals
 - Youth experience — the most common menu item offered is chicken sandwich or cheeseburger. The school meals offer little to no nutritional value and are of poor quality
- Infrastructure improvement - lack of sidewalks and lighting to be active after work hours
- Shared kitchen space
- Helping to create opportunities to be active

- How does it look to promote being active for families that are working physically exhausting jobs? By the end of the day, they are exhausted. How can they promote active living for their family?
 - Healthy living is going to be different for communities that are laborers
 - Focus more on destress and relaxation
- There is a need for program awareness that focuses on mitigating stress for all ages
 - Educate individuals on the health benefits achieved by reducing stress levels

Other Ideas:

- Transportation — increased frequency of bus routes
 - Opportunities to access doctors with appointment transportation assistance
 - Additional routes will help the senior population's independence
- Assistance after fires
 - There have been a lot of fires out in the Eastern Coachella Valley in the past two years with multiple mobile home parks burning down
 - Several mobile parks do not have access to readily available, proper trucks and equipment
- Access to water — water delivery services and access to filters
 - Connection to main water lines and sewage for mobile homes
- Support for pregnant women — access to prenatal care
- Local SWAP Meets
- Sexual harassment trainings
- Increased access to LGBTQ programs
- Financial literacy — education
 - How to conserve credit and get information on loan opportunities
 - There are only a couple banks that are easily accessible, and banks here provide limited options with several providing high interest rates
- Opportunity programs
 - Job training — expand programs similar to the WIN center (Indio program)
 - Savings programs — matching options
 - Vocational training
- Community policing
- Workplace safety — addressing injuries
- More stores locally — residents' ability to choose stores
- More employment opportunities nearby for all ages
 - Ex. Oasis — there are a lot of elderly people who want to work but don't have the option
 - Businesses prefer youth over the elderly
- Animal control
- Volunteer opportunities — ability to get people out and assisting in their communities

Ranking of priorities from Mecca participants [please note not everyone returned the ranking sheet]:

1. Homelessness
2. Primary Care/Behavioral Health Access
3. Healthy Eating, Active Living
4. Other Ideas



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Coachella Community Listening Forum (2 of 6)

March 7, 2019 (5:30 – 7:30 p.m.)

Coachella Library

1500 6th St., Coachella, CA 92236

Homelessness:

- Overcrowding - more focused on the concept of precariously housed as overcrowding is a bigger issue for the larger population in this community
 - Multiple families living together due to a lack of documentation or migration
 - Multiple people also don't have enough income to qualify on their own for rentals, so they live together in homes/units that are too small
 - The community is resilient — “we don't have another option but to resist” — they will do whatever they need to
 - The migration based on work changes leads to high mobility
 - People renting out to families are not being monitored
 - Permits for homeowners to convert garages, attics, etc. into livable areas to rent out
- Understanding root causes – some people refuse to go into shelters
 - Connecting individuals to mental health and substance abuse programs to improve access
 - Ex. Parents have three jobs causing limited supervision for children – what is the impact of stress for the parents and children?
- There needs to be more service awareness for the entire community
 - Increase advertisement for programs that help low-income — review and improve current messaging methods and education tools
 - Increased funding for outreach services (Ex. CVRM and Street Life Project)
 - Learn from projects that are working with specific youth-targeted programs
 - Homeless mapping system – match volunteers/services to homeless
- Lack of affordable housing – this is a clear problem across the entire valley
 - Assistance for people making minimum wage or less
 - How are there programs with free iPads /free phones and not more assistance for housing? This money could be better allocated
 - Removing the barrier of immigration status — more programs providing legal assistance
 - Low-income housing options for students
- Emergency shelters
 - Designate more shelters for the Coachella Valley
 - Shelters that are for adults, that have less limitations, and that are more family-friendly
- Rent control issues
 - Families can be renting and then out of nowhere, they are faced with rent increase and no rent control after the first three months – education on understanding rental and homeowner rights
 - People who are undocumented have funds; however, they do not have credit which impacts their ability to rent
 - No access for short-term leases/varying lease terms

- Requirements and limitations make it tough for people to qualify
- Create more assistance programs available to all (not just farmworkers)
- Help “bring distinctions” to different types of homelessness and help attribute appropriate services for each category: recently homeless, youth homeless, chronic homeless
- Financial assistance — additional help between unstable harvest seasons and for first-time home buyers
- More bridge housing options — tiny house models similar to Seattle’s and Portland’s options
- Homeless assistance resources — more attention focused on necessities
 - Cart items (water, cell phones, etc.)
 - Outdoor lockers for storage
- Housing matching between rich families/snow birds and seasonal farm workers

Primary Care and Behavioral Health Access:

- Behavioral health and youth
 - The social pressures students are faced with is causing drug use, cutting, etc.
 - Increased access to specialized services in the school setting – someone they trust and depend on
 - Often counselors/therapists only come to the schools a couple times a week and students have limited visits and appointment availability
 - More trauma-informed counseling
 - Parental education - help identify warning signs in students
 - We need to address the connection between social media and the health of students — Are there services offered to help prepare children when on social media sites?
 - Parental training on behavioral health issues — how can they learn to identify problems and help talk about the “taboo” issues?
- Improved, in-school education on sexual health, reproductive health, domestic violence, and overall well-being
- Low ratio of providers to population and limited availability of appointments — more welcomed walk-ins
 - Limited to the provider you can access — this is an insurance and clinic problem
 - More providers utilizing appointment-only schedules with high wait times
 - Increased mobile health units or specialist rotations to address lack of providers
- Preventative practices — screenings, needle exchange, sanitizing stations
- Lower doctor visit fees and improve ways to reduce medication expenses with a 24-hour pharmacy
- Fear of doctor visits — more culturally competent, empathetic care
 - Medical services are different depending on where you go (equality of care)
 - Ex. Kaiser in Indio provides different services compared to the Kaiser in Palm Desert
- Transportation to medical appointments — seniors, homeless, families with no vehicle
- Challenges with dental service coverage and access — paying out of pocket for necessary services
- Help share what primary care looks like for a young generation
- Increase conversation about the Desert Regional Medical Center’s future

Healthy Eating, Active Living:

- Safety issues — there is a lack of sidewalks, no lighting, and stray dogs
 - Increased security is needed at local parks to address safety concerns about substance use, homeless, needles, etc.
- There are limited green spaces; however, the community is not utilizing what is available

- Identify reasons why people are not using the parks — is it because of safety or time?
- Increase activity in the families — everything begins at the home
 - Help parents take the initiative and model healthy behaviors for their children
 - The second generation needs to create initiative for the third generation
 - Find out how technology advancements are impacting sedentary behaviors
 - Education around utilizing health monitoring apps
- There is concern of the poor nutritional quality of food served in schools
 - There needs to be more parental campaigning around removing sugary food/beverages
 - Find ways to change the habits of children — encourage change to healthier foods
 - Parents need to set the example in the homes
 - Find more ways to implement nutritional education directly in schools
 - Find out how the low-quality food is impacting the health of students
- Community-driven nutritional education
 - Community gardens, educational classes, more Blue Apron models, a food co-op, community kitchens, health and wellness festivals, and improved access to a nutritionist
- Improve community organization around living a healthier lifestyle
 - Support groups, workout buddies, Zumba in the park — free, easily accessible activities
 - Create spaces for the community to organize activities
 - There needs to be a way to create habit change — families complain about how expensive healthy foods are but choose to spend money on beer
 - Programs that provide subsidized gym memberships with fitness classes geared toward working adults
 - Create shared-use agreements between schools and the community
- Bring more awareness of affordable, cultural farmers’ markets like SWAP meetings
- Environmental justice
 - Healthy options across the whole Coachella Valley
 - Sometimes the people who are harvesting the crops are not able to access them for their own families
- Create more female-friendly spaces to reduce fear of harassment
- Increase dog parks
- A liquor/grocery store hybrid

Other Ideas:

- Fostering the arts for youth — art and cultural events in the East Valley with event production and technology training opportunities for the youth to participate and work
- Increased public awareness of marijuana dispensary planning processes — how are these decisions made?
 - Ex. There were no warnings for the dispensary on 48th and Van Buren
 - People do not understand the legality of the matter at the state versus federal level
 - Youth openly smoke with no shame
- Later hours at public libraries and schools for basic services such as printing and Internet use
- Community awareness of issues occurring in “real-time”
 - Build knowledge on information-sharing apps — Desert Hot Springs has a Facebook page, Coachella Connect App, Next Door app.
- Improved outreach methods in order to have a diverse representation at forums/meetings
 - The needs are different for each neighborhood, we need people to be leaders/representatives
- More stores locally so people have places to get out of the house
- Workshops on cultural differences and equitable treatment
- Air quality – growing issues with the Salton Sea

- Financial literacy - How to purchase a home
- Build better relationships with faith-based organizations and bring them into collaborative efforts
- Access to clean water/clean air resources, Ex. Air-filtration programs
- More financial assistance for college-aged individuals – book vouchers, bus passes, free health services

Ranking of priorities from Coachella participants [please note not everyone returned the ranking sheet]:

1. Primary Care/Behavioral Health Access
2. Homelessness
3. Healthy Eating, Active Living
4. Other Ideas



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Indio Community Listening Forum (3 of 6)
March 28, 2019 (5:30 – 7:30 p.m.)
Employment Development Department Center
44199 Monroe St., Indio, CA 92201

Homelessness:

- More quality, affordable housing units
 - There needs to be more assistance programs addressing the precariously housed
- Develop a definitional understanding of homelessness across the valley while also addressing the different priorities faced by different geographic areas
 - Build awareness around the available data and the impact of a seasonal community — are the needs different by time of year?
 - The need to increase the understanding of causes of homelessness
- There needs to be more service awareness for the entire community
 - Helping equip residents with proper information to connect people accordingly
 - Understand the eligibility requirements of organizations before arriving for assistance
 - Figuring out how the homeless learn about available services and utilize platforms like CVHIP
- Create a better tracking system for follow-up procedures once homeless individuals receive care or are referred
- Help build capacity of local nonprofits – not just for outreach but technical assistance and human resources
- Training for organizations/workers/volunteers to provide appropriate “bedside manner” and equitable treatment
 - How can we work to cultivate culturally competent services?
- Reduce the challenges around the Service Prioritization Decision Assistance Tool (SPDAT) form
 - Often the homeless are not greeted positively or in a culturally competent way — makes the system more discouraging
 - Sometimes individuals are lying to say they are chronically homeless just to meet the requirement because homelessness has to be consecutive, if you have a temporary time of employment or housing then you have to restart the SPDAT process
 - Revamp the prioritization of services — those suffering from substance abuse should not be prioritized over other situations such as domestic violence
- More pet-friendly services
- Understanding what organizational requirements are before arriving for assistance
- Expedite bridge-housing opportunities
- Increase access to services for undocumented individuals
- Provide financial assistance on how to improve credit

Primary Care and Behavioral Health Access:

- Understanding primary care and behavioral health access-related legislation in the pipeline — how are those going to serve the Coachella Valley? Will the Coachella Valley be impacted?
- Advance the definition of mental health — find ways to get away from the medicalization of issues
 - Address issues first with counseling
- Increase focus and education around the early onset of mental health issues — youth-targeted
 - Help schools build capacity for in-house student/family resources — how to address and cope with issues regardless of severity
 - Can we build relationships with universities to bring student interns in to schools?
 - Bring in more mental health professionals — counselors should not have to take on 400 students
 - Assess how we can bring in more funding for school districts
 - How do we get services in the unincorporated areas to help the youth and families?
 - Parents' first response to child issues is often the school because they see it as a safe, comfortable place; however, they are lost when the school cannot help
 - Students are often unwilling to talk to counselors out of fear, they don't feel heard, or they are uncomfortable — how to be reduce fear?
 - How do schools and parents help address the increased social pressures of society?
 - Encourage resource-sharing among parents with children experiencing similar situations
- Can we improve eligibility requirements on certain services? — we need resource awareness of what is available for different needs based on different eligibility requirements
- There needs to be work around normalizing the idea of therapy — rather group or individual
 - Issues often resurface, there needs to be resources to manage challenges as they occur
- More availability of therapy session appointments or walk-ins — often limited
 - First things to come up when you research are therapists that are appointment-only with normal business hours
 - Improve the process of getting to a mental health professional — too much time is wasted going through a primary care provider first or waiting for insurance approval
- Currently, there is low support for parents — support classes should be made available for parenting
 - Parenting education — understanding that mental health issues are okay to address, we have to accept them and have to help people cope/manage
 - Teaching parents about symptoms of depression, suicide, etc.
- Solutions to addressing the stigma behind mental health:
 - Targeting school districts – ex. Promote things similarly to how the college fair was promoted across the valley (utilize their marketing strategies, flyers in the schools, social media)
 - Develop behavioral health workshops that students can attend with their age groups, define behavioral health and promote resources, bullying awareness
 - Mental health classes integrated during early schooling — showing the kids that it is okay/normal to get emotional, but you have to address it
- Transportation to medical appointments
- In society, it seems that if you are not suffering from a severe issue then you are less of a priority
- Are younger generations using social media as an outlet for their issues?
- Building awareness around the fact that mental health isn't always a forever thing — there are ways to mitigate or address symptoms
- Bring in more onsite services to the College of the Desert campuses

- We need to focus on the older generation as well — how do we educate them and reduce stigma?
- How can we capture the senior population — we cannot forget about their needs
 - Do the senior developments offer onsite behavioral services?
 - How can we provide families easily accessible information to help their elderly family members?
- Create a health fair that targets various age groups
 - Behavioral health fairs with resources and information
 - Address overall wellbeing — keeping a balanced work life
 - Create market savvy promotions to build awareness

Healthy Eating, Active Living:

- Increase inter-generational activities that target youth, families, and seniors
 - Utilize the available green spaces and find ways to bring in free classes/activities
 - Increase park use to accommodate individuals outside of regular business hours — address safety concerns of being in the park outside of the middle of the day
 - Indio hills — so many people bike on Dillion Road but there is not enough space for them to safely bike on the street
- Healthy education classes
 - Integrate home economics classes in schools and communities to learn about cooking healthy foods
 - Use cooking demonstrations to get people away from eating out
 - Create community cooking classes at local locations that follow health trends
 - Nutritional classes in homeless shelters and community settings
- Access to healthy food — and comparing costs of healthy and unhealthy food
 - Bring resources closer to the communities
 - Poverty-stricken areas do not have access to healthy foods
- Educating the parents so healthy habits are developed in the home
- Kids prefer the unhealthy options over healthy
 - What healthy options could we provide at schools that kids would eat?
 - Schools won't let you leave the lunch line if you don't have a fruit and vegetable on your tray but often times the kids will just throw them away
- Bring back the Nutrition Education and Obesity Prevention program more widespread — Rethink Your Drink, expanding successful programs that are evidence-based and show results
- More access to gyms or building more outdoor gyms that are publicly accessible
 - The ones that are available aren't in the safest spots
 - Increasing amenities in the parks that we have
- Healthy, environmentally -friendly produce resources in communities
 - Build partnerships with farms and create programs that if you compost you have access to free or cheaper produce

Other Ideas:

- Incorporate environmental justice across all focus areas
- Increase availability of public transportation – specifically unincorporated areas
 - Improve route frequency
 - Update posted route information, so it is readable
 - Have a transportation awareness campaign around the SunLine app

- Create a safe haven – 24 hours – until certain services are open, a place to go to no matter the situation
 - CVRM and Martha’s Village & Kitchen have a limited intake time with rules regardless of situation
 - Help address the negative issues in the community
 - Mitigate safety concerns by having a person of authority there
- Create financial readiness workshops/classes targeting budgeting, resume building, and opportunities to get a professional wardrobe for interviews
- Organizations need to be more cognizant of the community’s ability to access certain technologies when marketing and promoting events

Ranking of priorities from Indio participants [please note not everyone returned the ranking sheet]:

1. Primary Care/Behavioral Health Access
2. Homelessness
3. Healthy Eating, Active Living
4. Other Ideas



DESERT HEALTHCARE
DISTRICT & FOUNDATION

North Shore Community Listening Forum (4 of 6)

April 4, 2019 (5:30 – 7:30 p.m.)

North Shore Beach and Yacht Club

99155 Sea View Drive, Mecca, CA 92254

Homelessness:

- Homeless are struggling to beat the cycle — they cannot keep jobs, so they are unable to keep a stable roof overhead or get proper medical care
- Residents felt that most of the homeless in the area are suffering from a substance abuse problem and services need to address the root causes
- One of the big issues is that there is currently no investment in the areas — no new construction to bring in new housing
- There have been instances of homeless people setting up camp in abandoned housing

Primary Care and Behavioral Health Access:

- Even those that are covered with insurance must travel significant distances to receive medical care
 - The distance for services is a barrier (Ex. Guy lives in North Shore and works in Thermal but must go to Indio for medical care)
- There is a need for service awareness — this group was not aware of Volunteers in Medicine because they don't see it in their community
- There is a high need for a clinic and many of the challenges/issues/barriers to care stem from the lack of nearby clinics
 - There used to be a more consistent mobile clinic; however, nowadays it is less frequent
 - Parents are unable to access ERs or get their children to pediatricians timely or at all
- Limited hours for pharmacy access
- Appointment scheduling is far out, and times are limited
 - There is a lack of supply of doctors but high demand, so you have to wait for someone to cancel or choose from limited time slots
 - Families are often seeking medical care in Mexico — you can see the doctor same day, almost right when you walk in and it is common with the families in this area (they even see their neighbors in the Mexican doctors' offices)
 - Even if it is more expensive in Mexico, they would prefer to go because there isn't an inconvenience of a long wait time
- Issues with medication — Individuals are experiencing difficulties getting medication that helps mitigate the issues and are traveling to Mexico to get new prescriptions
- If we can increase the access to behavioral healthcare locally, get more time with a doctor to have a conversation about health it would positively impact the body — if the body is well, the mind is well
- Mental health is seen as taboo
 - Some people are fearful of making appointments to discuss their mental health because they think that word will spread to their families and community — we need to normalize care

- Sometimes, people don't want to seek help — the support is there but they don't want to look for it and take the extra step to get it; they want it right in front of them
- There needs to be more opportunities to talk about stress and other problems
 - Not only addressing them but finding ways to manage issues
- The social pressures faced by youth have evolved and they find it so important to maintain a certain status — more of a materialistic view on life
 - When we were young, our biggest concern was not having a ball to play with and now this generation is so addictive to materialistic goods — trying to appear a certain way and that they have more than they actually do (how do parents address this?)
- It's necessary for psychologists to be accessible and available in the communities and schools
- What are the issues that build up to suicide? Is it that kids do not have an outlet to talk about their problems?
 - If a child's parents are both out working full-time, and a child comes home to an empty house — What impact does this have on the mental health?
- Increased opportunities for mental health education
 - Forums for youth so they can identify with each other, peer-to-peer conversations and utilize the opportunity to educate and inform
 - Family unit and dynamics are changing — how do we evolve with changing times?
- Educational support to recognize problems — many of us know how to listen but we don't understand how to help

Healthy Eating, Active Living:

- Safety concerns limiting outside activities — stray dogs, no sidewalks or bike lanes, no lighting and no patrol vehicles
 - It would be beneficial to have a patrol car — North Shore is being utilized too much for inappropriate or dangerous behaviors because of the lack of patrolling
- The new park in North Shore was being used until the recent rainstorms damaged it
 - There aren't any other places to use while the community waits for the park to be fixed
- There is limited access to fruit and vegetables making people less willing to invest in this area
- Community gardens would not be beneficial in this area because many families have their own land
- More group classes around fitness and healthy eating to help motivate people
 - Nutrition classes — how to cook healthier and learn about different healthy food options
 - Implement nutrition classes in the schools
- Grocery store access
 - You have to go to Coachella/Indio for groceries (20-25 minutes one way)
 - There is support for the local market; however, its options are limited, and prices are high
 - Access is significant but it means different things for different people — if you save the hour of gas and the time you might be more willing to buy a little more expensive food locally
- What are residents doing to manage with grocery access challenges?
 - People caravan to places like Costco
 - What do we have to change to get the access — bring in rideshare programs?
 - Residents are using their only days off for errands and working to do everything in one trip a week because of the distance

Other Ideas:

- Transportation — currently the SunLine bus comes every three hours in front of the North Shore Beach and Yacht Club
 - Last route is at 8 p.m.
 - This SunLine service has been a great help — this helped the elderly move around without children having to take time off work to take them to their appointments
 - Increasing the routes as they are limited and far apart
- Salton Sea — asthma and allergies on the skin (rashes), mosquitos, the smell, increased asthma cases
 - Residents are wondering what impact the new park has on the health due to the proximity to the Salton Sea

Ranking of priorities from North Shore participants [please note not everyone returned the ranking sheet]:

1. Primary Care and Behavioral Health Access
2. Healthy Eating, Active Living
3. Other Ideas
4. Homelessness



DESERT HEALTHCARE
DISTRICT & FOUNDATION

La Quinta Community Listening Forum (5 of 6)

April 11, 2019 (5:00 – 7:00 p.m.)

La Quinta Medical Center – JFK Education Center, Conference Room #150
47-647 Caleo Bay, La Quinta, CA 92253

With a small audience, we were given the opportunity to have a focused, in-depth talk and enhance our knowledge around priorities for the physically disabled population.

Homelessness:

- With La Quinta’s close proximity to Coachella Valley Rescue Mission and Martha’s Village and Kitchen, it is able to mitigate its homeless problem and connect individuals quickly
- The appearance of La Quinta might deter people from being homeless in the city
- The community is more focused on the at-risk (1-2 months) homeless
- Those suffering from a physical disability are precariously housed as many reside with their parents — They find it difficult to transition into individual housing under SSI
- There is no financial assistance for infrastructure improvements for the disabled

Primary Care and Behavioral Health Access:

- Even with insurance, there is a limited ability to get adaptable equipment
 - Challenges to navigating the system — increased outreach efforts to connect individuals to organizations that can teach them how to navigate the complex healthcare system
 - Even the rehab coverage is limited — this needs to be ongoing, it cannot just stop
- Limited services to serve the physically disabled in the community (specifically, neurology and nephrology)
 - Most people must travel to Loma Linda which is expensive, time-consuming, and difficult for a disabled child/adult
 - Often parents skip appointments because of the travel
- There are no hearing services available in the Coachella Valley covered by California Children Services
- The Indio center is starting to bring in services but too slowly — nothing around amputation assistance
 - It is not financially viable for a children’s hospital — not enough demand
 - With a huge increase in individuals suffering from diabetes, we are going to see an increase in amputations — how can we prepare for this?
- How can we address the gaps in services for the physically disabled?
 - Bring in monthly sub-specialty rotation services
 - Research/survey for the greatest need and what services could provide the greatest impact
 - Sub-specialty care for veterans — Loma Linda is too far
- A Loma Linda expansion in the Coachella Valley has been in the works for a while — what are they waiting for?
 - Building up the influx, contract slowed things down, there needs to be community support
- Increased behavioral health access is essential for the physically disabled

- Individuals need to be linked to health professionals that have gone through similar experiences — they interact better with those they can relate to directly (peer power)
- SPINAL TAP works on service connection for the physically disabled — but not many are familiar with their work
- Overall, there is a lot more focus on the developmentally disabled than the physically disabled
- There needs to be a way to connect organizations like the Desert Ability Center with doctors/therapists to build collaboration

Healthy Eating, Active Living:

- There is not one gym facility that can meet the complete needs to serve the physically disabled population (ramps, adaptable workout equipment)
 - There might be an opportunity with Desert Rec. → currently, they are working to identify the needs/gaps for a new center
 - Maybe, this center can target the physically disabled, but we would have to establish a demand
- A need for trained individuals — in the gyms, community centers
- There would need to be increased capacity to recruit individuals for targeted activities — outreach work
- Need increased opportunities during seasonal challenges — more bikes and handcycles inside and facilities to support indoor activities like tennis
 - Can we find a crossover with other populations (i.e. seniors) to create enough demand?
 - Target programs in senior developments — do they take advantage of those that are offered?
- Increased access to CV Link and additional connectors
- Utilized La Quinta Culinary School and the shared kitchen concept to increase opportunities to learn about healthy eating

Other Ideas:

- There is a lack of data around the physically disabled population (amputations, etc.)
 - Is this documented anywhere? OSHPOD
- Increase transportation routes — CV Link/SunLine, no other means to get around
- Plug-in stations for golf carts
- Inter-generational programs: activities, events especially around nutrition
 - More opportunities to get the family together and out of the house
- Bike lane challenges — they are available, but bicyclists are not abiding by the law
 - More bike racks
- What is the impact of large festivals (i.e. Coachella and Stagecoach) on residents?
 - Do they avoid emergency departments?
- The need for focus groups targeting specific populations with a more residential perspective
 - Ex. Caretakers, trauma-impacted families

Ranking of priorities from La Quinta participants [please note not everyone returned the ranking sheet]:

1. Primary Care/Behavioral Health Access
2. Healthy Eating, Active Living
3. Homelessness
4. Other Ideas



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Sun City Palm Desert Community Listening Forum (6 of 6)
April 18, 2019 (5:30 – 7:00 p.m.)
Sun City Palm Desert - Sunset View Clubhouse (Canyon/Palm Room)
36890 Del Webb Blvd., Palm Desert, CA 92211

Homelessness:

- Find solutions to reach encampments — some don't want to go to the shelters
 - Many pride themselves on independence
- There have been a few instances with homeless entering the development
- Around 25% of those living in the development are living solely off SSI
- Find more ways to address the at-risk population before our homeless population increases
- Work to address the stigma behind getting help
- Coachella Valley needs a system that is more consistent — people are always getting ready to lose something
- Improve the communication with service organizations to improve efficiency and reduce duplication
- Support programs in place that are working — Friends of Friends
- Help educate seniors on fraud and pressures to reverse mortgages

Primary Care and Behavioral Health Access:

- Increased in-home, affordable caregivers for single seniors with more focus on respite care
- Free onsite, preventative screening programs
- Improve the access to health services and education for the aging
- Provide transportation to and from medical services/appointments
 - Increase the SunLine routes across the bridge into the Sun City complex
- Bring in more hospital department staff into Sun City to educate on care
 - Eisenhower does come into the community but not frequently enough
- There are no onsite medical services in the community development
- High need for behavioral health specialists especially around cognitive care
 - Even with insurance, it is challenging to find specialists in the Coachella Valley
 - Sometimes, providers recommend health apps and telemedicine which doesn't resonate with the senior population
- Increase access to neurologists
 - Many senior residents travel outside of the Coachella Valley to receive care as the wait time to see a neurologist is over three months
- Increase services that target depression among seniors
- There is a high need for Alzheimer and dementia specialists and caretaker/spouse education
 - Spouses quickly exhaust savings so there needs to be legal services to improve financial readiness

- Caretaker education around medical trusts, HIPAA laws, healthcare navigation, and how to take care of their partners
- Bring in mobile health units to help improve access to care
- Expand the University of California Riverside residency program to improve the physician ratio

Healthy Eating, Active Living:

- Bring in healthy food trucks with dieticians
- Bring back the farmers' market but make it more appealing and accessible to seniors — inside
- Host healthy cooking classes — look at bringing in culinary students from COD and the high school
- Bring programs like A Matter of Balance to Sun City residents

Other Ideas:

- Residents advised that when scheduling meetings, consider the targeted population's schedule
- Bring in documentaries focused on healthy living and well-being
- Bring in organizations from different avenues of care together for collaboration
- Understand organizations in the community that are needed but have limited capacity
 - Ex. Alzheimer's organizations
- Create educational series targeting senior care needs
- Bring in health fairs to the senior communities

Ranking of priorities from Sun City Palm Desert participants [please note not everyone returned the ranking sheet]:

1. Primary Care and Behavioral Health Access
2. Homelessness
3. Healthy Eating, Active Living
4. Other Ideas



Date: May 28, 2019
To: Board of Directors
Subject: Expanded Area Grant Funding - \$300,000 annual allocation

Program Committee Discussion: Information only.

Background:

- Meghan Kane, Community Health Analyst, gave an update to the Program Committee on the Eastern Coachella Valley Listening Forums that were conducted from February to April at selected sites in the District's newly expanded area.
- The goal of the forums was to understand the needs and priorities within the newly annexed boundaries and, in particular, which of the District's focus areas were lifted up as a priority.
- The strategic focus area – Access to Primary Care and Behavioral Health Care – was the highest priority.
- At the May 16, 2019 Program Committee meeting, staff requested input from the committee regarding areas staff should focus based on the listening forums for allocation of the \$300,000 annual grant funding specific to those organizations serving residents in the newly expanded area.
- Program Committee members expressed ideas, concerns and considerations as to the process of allocating the \$300,000 and how to increase the amount of the funds, such as:
 - Consider how the FY 19/20 budgeted monies will be distributed equally on addressing outstanding community needs.
 - There should be a criterion and supportive alignment between funders to advance the issues.
 - Collaboration in the area to support and assist with funding is necessary.
 - Recommendation to be aware and involved in homeless housing proposals such as the upcoming cycle for Homeless Emergency Aid Program (HEAP) grants and other funding opportunities that could grow the \$300,000 funding base.
 - To seek out partnerships with other organizations, such as Loma Linda University's Institute of Community Partnership (ICP), that had recently scheduled a mobile unit in Mecca to address the healthcare shortage.

Fiscal Impact:

FY 2018/19 \$300,000 allocations:

- \$75,000 grant request from The Galilee Center to serve clients at the shelter
- The city of Coachella will submit a Letter of Interest requesting funding for phase two of the Rancho Las Flores Park as a potential partnership to bring a health and wellness element to the proposed park. A requested amount has not been determined.

- Should The Galilee Center's grant be approved, there will be a balance of \$225,000 in the \$300,000 expanded area grant fund to be committed by June 30, 2019.



Date: May 28, 2019

To: Board of Directors

Subject: Grant # 993 Galilee Center

Grant Request: Galilee Center Emergency Services

Amount Requested: \$75,000.00

Project Period: 6/1/2019 to 5/31/2020

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 \$75,000.00 be approved. **PROGRAM COMMITTEE MEMBERS SELECTED THIS ACTION**
- Recommendation with modifications
- Deny

Project Description: The Galilee Center Emergency Services began in 2010. The agency is in its 9th year of operations. It provides emergency services to residents who have no other resources. Food and other basic items are distributed on Thursdays at our location in Mecca. Last year the agency provided 12,515 food baskets to 8,958 Unduplicated people, representing 1,953 unduplicated families. In addition, an average of 700 families (duplicated) received Thanksgiving and Christmas Food Baskets, 950 school age children received back packs and school supplies and 1,050 children 0-15 received new toys, bikes on Christmas and new shoes on Epiphany Day (January 6). The Our Lady of Guadalupe shelter provided 5,399 nights of shelter; 13,245 hot meals; 6,712 showers; and 1,731 laundry services to approximately 195 unduplicated farm worker men and women. The Galilee Center is an agency with a mission beyond just the provision of basic needs but provides services to help individuals break out of a life of poverty. The food is distributed on Thursdays at their facility in Mecca. The Rental/Utility assistance program is available to clients Monday through Friday, 9am to 5pm. The food distribution service is recorded by clients signing-in and entering their client identification number assigned by Galilee Center at the time of new intake registration. The staff completes a New Client Intake Form for clients coming for the first time. This registration process makes it possible for the staff to create service reports at the end of every month. The Rental Assistance has more requirements for the clients requesting this service. Staff completes a Rental Assistance application for the client and runs their name by the HMIS system to prevent duplication of services.

2019 Grant Request Summary

Galilee Center, Grant #993

Tel:
66101 Hammond Road
Mail: PO BOX 308
Mecca, CA 92254
<http://www.galileecenter.org>

Contact:

Claudia Castorena
Tel: (760) 396-9100
ccastorena@galileecenter.org

Historical (approved Requests)

About the Organization

Organization Type:

501(c)(3)

Proposal

Project Title: Galilee Center Emergency Seervices

Total Project Budget:	\$498,250
Requested Amount:	\$75,000
Length of Project:	12 months
Start Date:	6/1/2019
End Date:	5/31/2020

Background:

Background

The Emergency Services provides food, clothing, rental and utility assistance, baby items such as food, formula and diapers, and protein shakes for seniors to low-income families residing in eastern Coachella Valley. Food distribution is every Thursday at Galilee's facility. The other emergency services are distributed at the office Monday through Friday from 9:00am to 4:30pm. The Our Lady of Guadalupe Shelter (OLG Shelter) provides shelter, hot meals, showers, laundry facility, lockers and a community room to migrant and local farm worker men and women employed in the low-paying jobs in the local farms.

Community Need:

Seasonal and migrant farm workers often find it impossible to find a place to stay in an area already lacking in affordable housing. Consequently, workers sleep in their car, in the fields or in parking lots.

They have no running water or bathrooms and certainly no air conditioning during the hot summer nights.

The Our Lady of Guadalupe Shelter (formerly known as Farm Worker Comfort Station) opened in December of 2017 providing a solution to this critical problem. The overnight shelter has the capacity to host up to 100 men and women in a clean, safe, air-conditioned environment every night during the planting and harvest season. The people can take advantage of the showers, lockers, laundry facilities, a nutritious breakfast and a hot dinner as well.

The Galilee Center needs are in alignment with Priority 3, and the Focus Areas Food Security and Homelessness of the DHCD Strategic Plan. Galilee Center services benefit the communities in District 4 including Coachella, Indio and the unincorporated areas of Mecca, Thermal, North Shore, Oasis and Salton Sea. The target population is the farm and migrant worker that are underserved. The target area has a high poverty rate, high unemployment rate and homelessness. These residents are documented as extremely-low income or low-income using established income levels from the County of Riverside. The lack of affordable and quality housing as well as low-wage labor makes it difficult for many residents to secure suitable household. The agency provides services to residents who have no other resources.

These are the farmer workers and migrant workers employed in seasonal work in the local farms, as well as residents employed in low paying jobs in the area with limited sources for food and other essentials of life assistance from the Galilee Center. They have a need for food and other basic items to ensure all members of their households especially the children have enough to eat, clothes to wear and school supplies. Many clients in the area who come to request services, live in mobile home parks and low-income housing. The Seasonal and migrant farm workers often find it impossible to find a place to stay in the Eastern Coachella Valley farming areas already lacking in affordable housing. Many seasonal farm workers sleep in their cars, in the fields or in parking lots. The Our Lady of Guadalupe Shelter opened in collaboration with Riverside County providing a solution to this critical housing problem for the migrant worker. The rental/utility assistance helps permanent residents remain in their homes provides a solution to the low wage earner.

Project Description:

The Galilee Center Emergency Services began in 2010. The agency is in its 9th year of operations. It provides emergency services to residents who have no other resources. Food and other basic items are distributed on Thursdays at our location in Mecca. Last year the agency provided 12,515 food baskets to 8,958 Unduplicated people, representing 1,953 unduplicated families. In addition, an average of 700 families (duplicated) received Thanksgiving and Christmas Food Baskets, 950 school age children received back packs and school supplies and 1,050 children 0-15 received new toys, bikes on Christmas and new shoes on Epiphany Day (January 6).

The Our Lady of Guadalupe shelter provided 5,399 nights of shelter; 13,245 hot meals; 6,712 showers; and 1,731 laundry services to approximately 195 unduplicated farm worker men and women. The Galilee Center is an agency with a mission beyond just the provision of basic needs but provides services to help individuals break out of a life of poverty. The food is distributed on Thursdays at their facility in Mecca.

The Rental/Utility assistance program is available to clients Monday through Friday, 9am to 5pm. The food distribution service is recorded by clients signing-in and entering their client identification number assigned by Galilee Center at the time of new intake registration. The staff completes a New Client Intake Form for clients coming for the first time. This registration process makes it possible for the staff to create service reports at the end of every month. The Rental Assistance has more requirements for

the clients requesting this service. Staff completes a Rental Assistance application for the client and runs their name by the HMIS system to prevent duplication of services.

Desired Outcomes

The goals of the program are to provide emergency services to families residing in the eastern Coachella Valley who have no other resources annually, and to assist the migrant and local farm workers who are homeless by offering a safe place to sleep, shower, receive hot meals and do laundry during the harvest season. The vision is to help reduce the poverty levels of the farm and migrant workers in Eastern Coachella Valley by providing a comprehensive program to meet all their basic needs of their families and help them break the cycle of poverty prevalent in this area. These goals and vision can be met by the continued expansion of partnerships with agencies and foundations with the same vision and mission to assist the underprivileged and disadvantaged of the Eastern Coachella by providing food, clothing, and other basic needs and to affirm their dignity with love, compassion and respect.

Evaluation Plan

A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. Both a daily and monthly reporting is monitored in an annual report. Client Service Need's Survey is conducted once a year. Evaluations are reviewed by staff and management appropriate steps or changes considered if needed.

Organizational Capacity

The Galilee Center employs a total of 18 full-time employees. Eight of these employees are seasonal/temporary full-time. The full-time staff are the CEO, CFO (cofounders) who are responsible of the overall program operations. The Client Service Specialist is a FT employee, responsible to conduct client intake and maintain client files for every new family. The Office Manager is a FT staff that assists in the distribution/client intake and registration of the Food Distribution program. A FT Facilities Manager ensures that the food warehouse, client-waiting area and other areas are clean and in good order as well as preparing the pallets of food on the day of distribution. One FT bookkeeper is responsible to record and report all expenses. One FT janitor ensures all areas of the facility are clean and free of trash. One PT driver picks up and transports food and other items to the distribution center. Eight Shelter Attendants and two Cooks provide the help to residents and ensure a safe and efficient use of the comfort station for migrant farmers. There is a roster of 200+ volunteers that assist with collecting, packaging and distribution food and other basic items and work in the thrift shop.

Organizational Sustainability:

The Galilee Center Strategic Plan included the expansion of the services offered at the Our Lady of Guadalupe Center by the allocation of funding to introduce the hot meals at the Our Lady of Guadalupe Center, as well as develop the plan to use the Community Room for a homeless shelter for the migrant farm workers who had no place to sleep during the seasonal harvest season. In addition, the agency developed a plan to evaluate and improve current fundraising strategies, including Grants, Individual Donors, Fundraising Events, Mailers, Thrift Stores.

Community Health Focus Area

Homelessness

Program Area

Direct Services\Emergency Services; Direct Services\Homeless Services

Geographical Area Served

Coachella; Indio; La Quinta; Mecca; North Shore; Oasis; Thermal; Thousand Palms

Participants:

Population Served

Adults (25-64 years old)

Age Group

All Ages

Number Served Per Age Group

0-5: 1,195

6-17: 1,793

18-24: 2,339

25-64: 2,915

65 or more: 716

Total: 8,958

Participant Community

50,062 (Total number of people helped annually with all services)

Partnerships

Key Partners:

Board of Supervisors Riverside County, CDBG Riverside County, Indian Wells, Rancho Mirage, Anderson's Children Foundation, Stater Bros, B of A, Wells Fargo, Union Bank, EFSP, La Quinta, USDA, Champions Volunteer, Indian Wells, Desert Charities, Weingart, SB Diocese, United Way, RAP, Auen, and individual supporters.

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 <small>Detail on sheet 3</small>	Amount Requested from DHCD
Total Labor Costs	Detail on sheet 2	179841	117057	62784
Equipment (itemize)				
1	Cots, pads, etc.	500	500	
2		0		
3		0		
4		0		
Supplies (itemize)				
1		0		
2		0		
3		0		
4		0		
Printing/Duplication		500		
Mailing/Postage/Delivery		0	500	
Travel		0		
Education/Training		0		
Facilities (Detail)				
	Office/Rent/Mortgage	0		
	Meeting Room Rental	0		
	Telephone/Fax/Internet	750	750	
	Utilities	13700	11484	2216
	Insurance	3000	3000	
	Maintenance/Janitorial	2200	2200	
	Other Facility costs (itemize)			
1	Pest Control	1400	1400	
2	Office Supplies	800	800	
3		0		
4		0		
Other Program Costs not described above (itemize)				
1	Food	20707	10707	10000
2	Consumables	2800	2800	
3	Operations	2800	2800	
4		0		
Total Program Budget		228998	153998	75000

Line Item Budget - Sheet 1 Operational Costs

Budget Narrative	<p>~Labor Costs: Employee Salaries - 9 FT employees at \$12/hr. Seven Shelter Attendants, One Janitor/Custodian, One Cook. This line item includes a 10% for tax liabilities (CASUI and FITW). ○</p> <p>~Equipment: Purchase of new cots to replace the old/broken, benches for shower area, etc.</p> <p>~Printing/Duplication: Copies, printing of program forms, etc.</p> <p>~Telephone/Internet: Prorated at 20% of the total monthly bill.</p> <p>~Utilities: Electricity, water and gas. Electricity is prorated at 50% of total monthly bill. Water and gas are 100% for shower area.</p> <p>~Insurance: Property Insurance for the shelter area.</p> <p>~Maintenance Janitorial: Cleaning supplies and other items for the cleanness of facility.</p> <p>~Pest Control: Allocated at 70% of monthly bill for 12 months.</p> <p>~Office Supplies: Paper, pens, clipboards, tape, etc.</p> <p>~Food: Perishable and non-perishable items for food preparation. Breakfast and dinner is served to farm workers Monday through Friday.</p> <p>~Consumables: Items utilized for food preparation and meal serving, i.e. paper plates, cups, utensils, plastic wrap, aluminum foil, etc.</p> <p>~Operations: Different items and monthly bills, i.e. pad locks for lockers, batteries, deodorant & toothpaste for clients, etc.</p>
-------------------------	--

**Line Item Budget
Sheet 2 - Labor Costs**

Staff Salaries					
Employee Position/Title		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
1	Shelter/Shower Attendant	16320	100	16320	16320
2	Shelter/Shower Attendant	16320	100	16320	16320
3	Shelter/Shower Attendant	16320	100	16320	16320
4	Shelter/Shower Attendant	16320	100	16320	
5	Shelter/Shower Attendant	16320	100	16320	
6	Shelter/Shower Attendant	13824	100	13824	13824
7	Shelter/Shower Attendant	13824	100	13824	
8	Janitor/Custodian	15624	100	15624	
9	Cook	16320	100	16320	
10	2 Management staff	22300	40 / 15	81410	
Enter this amount in Section 1, Employee Salaries				Total >	62784
Budget Narrative	<p>The OLG shelter is open nine months during the year (39 weeks from November 1 to July 31). The hourly rate for all employees is \$12/hr. The annual salary for 5 Shelter/shower attendants and 1 Cook, was calculated at 34-35 hours per week for 39 weeks. Two Shelter/shower attendants at 29-30 hours per week for 39 weeks. The Janitor/Custodian was calculated at 33-34 hours per week for 39 weeks. The Facilities Manager dedicates 40% of his time overseeing the program. The Office Manager dedicates 15% of her time to record keeping, scheduling employees, etc.</p>				
Consultants/Contractors					
Consultant/Contractor Name		Hourly Rate	Hours/ Week	Monthly Fee	Amount of Salary Paid by DHCD Grant
1					
2					
3					
4					
5					
6					
7					
8					
Enter this amount in Section 1, Professional Services/Consultants				Total >	0
Budget Narrative	<p>Fully describe costs listed above in this cell (B24).</p>				

Line Item Budget - Other Program Funds

Funding for this program received from other sources		Amount
Fees		13000
Donations		68000
Grants (List Organizations)		
1	Riverside County - EDA	50000
2	CDBG Grant 2018-19 - Riverside County	20000
3	United Way of the Desert	2998
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		153998
Budget Narrative	<p>Fees: Guests are asked to pay \$3 per day of stay. The annual amount is projected.</p> <p>Donations: of the \$68,000 committed donations, \$53,000 have been received; \$15,000 are expected by April 25, 2019.</p> <p>Grants: of the \$72,998 approved grants, \$22,998 have been received; the committed funding from Riverside County-EDA is expected by April 15, 2019.</p>	

Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 9

Need and Alignment: 10

Goals: 9

Evaluation: 8

Organizational Capacity: 8

Organizational Sustainability: 8

Budget: 9

Percent of Funding Requested: 8

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 8

Total Score: 92.00

Reviewer Comments: Aligns with our strategic community focus area of homelessness and access to care.

Response Notes: This applicant fills a need that no other organization provides in the east end of the Coachella Valley, especially for shelter and services to the migrant farm worker population.

Average Review Score: Staff Review Stage: 92 (1 of 2)

Sum of all Reviews: Staff Review Stage: 92 (1 of 2)

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 9

Need and Alignment: 10

Goals: 9

Evaluation: 8

Organizational Capacity: 9

Organizational Sustainability: 8

Budget: 8

Percent of Funding Requested: 9

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 9

Total Score: 95.00

Reviewer Comments: The grant dollars for this program will allow Galilee to continue their great work of providing migrant farm workers and their families, and other community members. The proposed program fits within our community health focus areas of Homelessness and Primary Care and Behavioral Health Access.

Response Notes: The proposed program provides much needed resources to the residents of the Coachella Valley, specifically the migrant farm worker community of the eastern part of the valley. The grant application includes all components and supporting documents.

Average Review Score: Staff Review Stage: 93.5 (2 of 2)

Sum of all Reviews: Staff Review Stage: 187 (2 of 2)

Grant #993 Galilee Center

EXHIBIT B

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Galilee Center Emergency Services	6/1/2019 5/31/2020

PAYMENTS:

(2) Payments: \$33,750.00
10% Retention: \$7,500.00

Total request amount: \$75,000.00

PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
6/01/2019	Signed Agreement submitted & accepted	Advance of \$33,750.00 for time period 6/01/2019– 11/30/2019
12/01/2019	1 st six-month (6/01/2019 – 11/30/2019) progress and budget reports submitted & accepted	Advance of \$33,750.00 for time period 12/01/2019– 5/31/2020
6/01/2020	2 nd six-month (12/01/2019 – 5/31/2020) progress and budget reports submitted and accepted	\$0
6/30/2020	Final report (6/01/2019 – 5/31/2020) submitted & accepted	\$7,500.00 (10 % retention)

TOTAL GRANT AMOUNT: \$75,000.00

DELIVERABLES:

The goals of the program are to provide emergency services to families residing in the eastern Coachella Valley who have no other resources annually, and to assist the migrant and local farm workers who are homeless by offering a safe place to sleep, shower, receive hot meals and do laundry during the harvest season. The vision is to help reduce the poverty levels of the farm and migrant workers in Eastern Coachella Valley by providing a comprehensive program to meet all their basic needs of their families and help them break the cycle of poverty prevalent in this area. These goals and vision can be met by the continued expansion of partnerships with agencies and foundations with the same vision and mission to assist the underprivileged and disadvantaged of the Eastern Coachella by providing food, clothing, and other basic needs and to affirm their dignity with love, compassion and respect.