



**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors
April 24, 2018
8:00 p.m.**

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

Cathedral City Senior Center
37171 W. Buddy Rogers Avenue
Cathedral City, CA 92234

This meeting is handicapped-accessible

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	<p>A. CALL TO ORDER – President Zendle, MD Roll Call _____ Vice-President/Secretary Rogers, RN _____ Director Matthews _____ Director Hazen _____ Director Wortham, DrPH</p>	
	<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
3-4	1. BOARD MINUTES a. Meeting Minutes of March 27, 2018	
5-6	b. Special Meeting of the Board April 3, 2018	



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Page(s)	AGENDA	Item Type
7-15	2. FINANCE AND ADMINISTRATION a. Consideration for Approval Foundation March Financial Statements F&A Committee approved April 10, 2018	
	E. DESERT HEALTHCARE FOUNDATION CEO REPORT	
16-17	F. FINANCE & ADMINISTRATION COMMITTEE a. Draft Minutes of April 10, 2018 F&A Committee Meeting	
18-20	G. OLD BUSINESS a. Consideration to approve cvHIP Advertising Budget	Action
21-32	H. NEW BUSINESS a. Consideration to accept \$2,000,000 from the Desert Healthcare District to fund the Behavioral Health Initiative Collective Fund	Action
33-39	b. Polling – Lake Research Partners (LRP) Service Agreement – Not to Exceed \$75,210	Action
40-71	I. DIRECTOR'S COMMENTS & REPORTS	
	J. ADJOURNMENT	

DESERT HEALTHCARE
FOUNDATION

**DESERT HEALTHCARE FOUNDATION
 BOARD OF DIRECTORS
 MEETING MINUTES
 March 27, 2018**

Directors Present	District Staff Present	Absent Staff
President Zendle, MD Vice-President/Secretary Carole Rogers, RN Treasurer Mark Matthews Director Kay Hazen Director Jennifer Wortham, DrPH	Herb K. Schultz, CEO Lisa Houston, COO Chris Christensen, CFO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Michele McKinney, Communications and Marketing Director Mary Pannoni, Accounting/Admin. Support Vanessa Smith, Health Educator Andrea S. Hayles, Clerk to 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 8:57 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.	#17-54 MOTION WAS MADE by Director Matthews and seconded by President Zendle to approve the agenda. Motion passed unanimously.
C. Public Comment	President Zendle called for public comment. No public comment.	
D. Consent Agenda	President Zendle asked for a motion to approve the Consent Agenda.	#17-55 MOTION WAS MADE by Vice President and seconded by Director Matthews approve Consent Agenda. Motion passed unanimously.
E. Desert Healthcare Foundation CEO Report	No report was provided.	
Public Comment	No public comment.	
F. Finance & Administration Committee	F.a.-b. Director Matthews described the Minutes of the March 13, 2018 meeting. Chris Christensen, CFO, explained the	#17-56 MOTION WAS MADE by Vice President Rogers and seconded by Director Wortham to approve the

**DESERT HEALTHCARE FOUNDATION
 BOARD OF DIRECTORS
 MEETING MINUTES
 March 27, 2018**

<p>G. Old Business</p> <p>H. New Business</p> <p>I. Directors' Comments & Reports</p> <p>J. Adjournment</p>	<p>bequest of the Estate of Eva Maria Rozvoda pursuant to a 2017 court order with the desire to provide a portion of the funds to an entity of the Desert Hospital Foundation.</p> <p>None</p> <p>Director Hazen requested an action item to the April 3 Special Meeting of the Board Agenda to discuss and memorialize not only the liability of the expansion funding but creating a lockbox and endowment for a legal document and identifying where the \$6M will originate.</p> <p>None</p> <p>President Zendle adjourned the meeting at 9:03 p.m.</p>	<p>Bequest – Hospice of the Desert Communities.</p> <p>Motion passed unanimously.</p> <p><i>Audio recording available on the website at http://dhcd.org/Agenda-Board-of-Directors</i></p>
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ATTEST: _____
 Carole Rogers, Vice-President/Secretary
 Desert Healthcare District Board of Directors

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

**DESERT HEALTHCARE FOUNDATION
 SPECIAL MEETING OF THE BOARD
 MEETING MINUTES
 April 3, 2018**

Directors Present	District Staff Present	Absent Directors
President Zendle, MD Vice-President/Secretary Carole Rogers, RN Treasurer Mark Matthews Director Kay Hazen Director Jennifer Wortham, DrPH	Herb K. Schultz, CEO Lisa Houston, COO Chris Christensen, CFO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Michele McKinney, Communications and Marketing Director Mary Pannoni, Accounting/Admin. Support Vanessa Smith, Health Educator Andrea S. Hayles, Clerk to 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 4:22 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.	#17-57 MOTION WAS MADE by Director Hazen and seconded by Vice-President Rogers to approve the agenda. Motion passed unanimously.
C. Public Comment	President Zendle called for public comment. No public comment.	
D. Desert Healthcare Foundation CEO Report	No report was provided.	
E. Old Business	E.a. Herb K. Schultz, CEO explained the Board’s vote for funding of \$6M over a 20-year period (\$300k per year) describing if the funds were placed in an endowment, a future Board could not vote to remove the funding.	#17-58 MOTION WAS MADE by President Zendle and seconded by Vice-President Rogers to table the matter to the next Board meeting. Motion failed 2-2-1 AYES – Director Matthews and Director Hazen NOES – Vice-President Rogers and President Zendle

**DESERT HEALTHCARE FOUNDATION
 SPECIAL MEETING OF THE BOARD
 MEETING MINUTES
 April 3, 2018**

Public Comment	<p>Director Hazen explained the various options such as the Avery Trust restrictions, and the District identifying funding or amending the motion to determine the appropriate funding.</p> <p>The Board directed Staff to provide alternatives to funding so that the Board is fully informed.</p> <p>Ezra Kaufman, District Resident, explained that if the District is going to aside \$6M that the monies should be placed in the District’s pension fund liability and it is the District’s fiduciary duty.</p>	<p>ABSTAIN – Director Wortham</p> <p>#17-59 MOTION WAS MADE by Director Hazen and seconded by Director Matthews to fully fund \$6M and create as a source of funding as an endowment to place in a lockbox and direct Staff to identify the sources of funding and prepare a list of funding.</p> <p>Motion failed 2-3</p> <p>AYES – Director Matthews and Director Hazen</p> <p>NOES – Vice-President Rogers, President Zendle, Director Wortham</p> <p>ABSTAIN - None</p>
F. New Business	None	
G. Directors’ Comments & Reports	None	
H. Adjournment		<p><i>Audio recording available on the website at http://dhcd.org/Agenda-Board-of-Directors</i></p>

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

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

DESERT HEALTHCARE FOUNDATION					
MARCH 2018 FINANCIAL STATEMENTS					
INDEX					
Statement of Operations					
Balance sheet					
Allocation of Restricted Funds					
Deposit Detail					
Check Register					
Credit Card Expenditures					
Schedule of Grants					

Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
July 2017 through March 2018

	MONTH			TOTAL		
	Mar 18	Budget	\$ Over Budget	Jul '17 - Mar 18	Budget	\$ Over Budget
Income						
4000 · Gifts and Contributions	5,093	35,000	(29,907)	308,259	504,999	(196,740)
4003 · Grants	0	66,667	(66,667)	2,000,000	499,999	1,500,001
4007 · Grant Income - RSS Jr	944			25,053		
4116 · Bequests - Frederick Lowe	0	6,667	(6,667)	62,301	60,003	2,298
4130 · Misc. Income	0	83	(83)	0	747	(747)
8015 · Investment Interest Income	5,036	5,000	36	46,307	45,000	1,307
8030 · Change in Value of CRT's	0	500	(500)	515	4,500	(3,985)
8040 · Restr. Unrealized (Gain/Loss)	(15,248)	2,083	(17,331)	(12,000)	18,747	(30,747)
Total Income	(4,175)	116,000	(120,175)	2,430,437	1,133,995	1,296,442
Expense						
5001 · Accounting Services Expense	628	628	0	5,652	5,652	0
5035 · Dues & Memberships Expense	0	100	(100)	21	900	(879)
5055 · Insurance Expense	0		0	136		136
5057 · Investment Fees Expense	1,096	1,933	(837)	15,158	17,397	(2,239)
5065 · Legal Costs Ongoing Expense	0	100	(100)	0	900	(900)
5101 · DHCD-Exp Alloc Wages& benefits	48,015	51,096	(3,081)	303,423	459,864	(156,441)
5105 · East Valley Office Expense	0	3,333	(3,333)	0	9,999	(9,999)
5106 · Marketing & Communications	388	20,833	(20,445)	8,738	187,497	(178,759)
5110 · Other Expenses	119	21	98	2,994	189	2,805
5115 · Postage & Shipping Expense	0	8	(8)	0	72	(72)
5120 · Professional Fees Expense	0	83	(83)	8,269	747	7,522
5210 · RSS Jr - Expense Clearing Acct	867		867	481		481
8051 · Major grant expense	0	25,000	(25,000)	270,166	225,000	45,166
8052 · Grant Expense - Collective/Mini	0	1,667	(1,667)	2,000,000	15,003	1,984,997
8053 · Grant Expense - RSS Jr	944		944	25,053		25,053
Total Expense Before Social Services Fund	52,057	104,802	(52,745)	2,640,092	923,220	1,716,872
Other Expense						
5054 · Social Services Fund	0	2,083	(2,083)	26,000	18,747	7,253
Net Income	(56,232)	9,115	(65,347)	(235,655)	192,028	(427,683)

Desert Healthcare Foundation
Balance Sheet
As of March 31, 2018

	Mar 31, 18
ASSETS	
Current Assets	
Checking/Savings	
100 · CASH	
146 · Checking - Pacific Premier 6718	1,527,663
149 · Money Market - Pacific Premier	1,935
150 · Petty Cash	200
Total Checking/Savings	1,529,798
Accounts Receivable	944
Other Current Assets	
476-486 · INVESTMENTS	
477 · Morgan Stanley-Investments	
477.2 · Unrealized Gain/(Loss)	(21,813)
477 · Morgan Stanley-Investments - Other	1,812,279
Total 477 · Morgan Stanley-Investments	1,790,465
486 · Merrill Lynch	
486.1 · Merrill Lynch Unrealized Gain	166,274
486 · Merrill Lynch - Other	604,246
Total 486 · Merrill Lynch	770,519
Total 476-486 · INVESTMENTS	2,560,985
500 · CONTRIBUTIONS -RCVB -CRTS	
515 · Contrib RCVB-Pressler CRT	66,928
530 · Contrib RCVB-Guerts CRT	119,011
Total 500 · CONTRIBUTIONS -RCVB -CRTS	185,939
601 · Prepaid Payables	1,884
Total Other Current Assets	2,748,808
Total Current Assets	4,279,550
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	4,279,550

Desert Healthcare Foundation
Balance Sheet
As of March 31, 2018

		Mar 31, 18
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
	1000 · Accounts Payable	5,130
	1052 · Account payable-DHCD Exp Alloc	151,081
	Total Accounts Payable	156,211
Other Current Liabilities		
	2190 · Current - Grants payable	1,863,498
	Total Other Current Liabilities	1,863,498
	Total Current Liabilities	2,019,708
Long Term Liabilities		
	2186 · Grants payable	200,000
	Total Liabilities	2,219,708
Equity		
	3900 · Retained Earnings	2,295,496
	Net Income	(235,655)
	Total Equity	2,059,842
TOTAL LIABILITIES & EQUITY		4,279,550

DESERT HEALTHCARE FOUNDATION				
BALANCE SHEET 03/31/18				
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES				
	T/B	GENERAL	Restricted	
		Fund	Funds	Trusts
ASSETS				
146 · Checking Pacific Premier 6718	1,527,663	156,211	1,371,452	
149 · Money Market Pacific Premier Bank	1,935	1,935		
150 · Petty Cash	200	200		
Total 100 · CASH - UNRESTRICTED	1,529,798	158,346	1,371,452	-
Accounts Receivable				
324- RSS Jr. Receivable	944	944		
Total Accounts Receivable	944	944	-	-
477 · Invt-Morgan Stanley				
477.2 · Unrealized Gain	(21,813)	(21,813)		
477 · Invt-Morgan Stanley	1,812,279	1,120,233	692,046	
Total 477 · Invt-Morgan Stanley	1,790,465	1,098,419	692,046	
6441 486.1 · Merrill Lynch Unrealized Gain	166,274	166,274		
486 · Merrill Lynch	604,246	604,246		
Total 486 · Merrill Lynch	770,519	770,519	-	
515 · Contrib RCVB-Pressler CRT	66,928			66,928
530 · Contrib RCVB-Guerts CRT	119,011			119,011
601 - Prepaid payables	1,884	1,884		
Total Current Assets	4,279,550	2,030,113	2,063,498	185,939
TOTAL ASSETS	4,279,550	2,030,113	2,063,498	185,939
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
1000 · Accounts Payable	5,130	5,130		
1052 - Account Payable - DHCD - Alloc Expenses	151,081	151,081		
2190 - Grants Payable - Current Portion	1,863,498		1,863,498	
Total Current Liabilities	2,019,708	156,211	1,863,498	-
2186 - Grant Payable - Long Term	200,000		200,000	
Total Liabilities	2,219,708	156,211	2,063,498	-
Equity				
3900 · Retained Earnings	2,295,496	2,109,557		185,939
Net Income	(235,655)	(235,655)		
Total Equity	2,059,842	1,873,903	-	185,939
TOTAL LIABILITIES & EQUITY	4,279,550	2,030,113	2,063,498	185,939

Desert Healthcare Foundation
Deposit Detail
March 2018

Type	Date	Name	Amount
Deposit	03/30/2018	Riverside County Treasurer Saint Paul Foundation	5,854
			(761)
			(5,093)
TOTAL			(5,854)
			5,854

Desert Healthcare Foundation
Check Register
As of March 31, 2018

Type	Date	Num	Name	Amount
100 - CASH				
146 - Checking - Pacific Premier 6718				
Bill Pmt -Check	03/13/2018	10826	Alejandro Espinoza	(76)
Bill Pmt -Check	03/13/2018	10827	Boys & Girls Club of Palm Springs	(1,080)
Bill Pmt -Check	03/20/2018	10828	Cardmember Services	(408)
Bill Pmt -Check	03/20/2018	10829	O'Bayley Communications	(2,925)
Check	03/31/2018		Stop Payment Fee	(32)
TOTAL				(4,521)

Desert Healthcare Foundation
Details for credit card Expenditures
Credit card purchases - February 2018 - Paid March 2018

Number of credit cards held by Foundation personnel - 2

Credit Card Limit - \$5,000

Credit Card Holders:

Herb Schultz - Chief Executive Officer

Chris Christensen - Chief Financial Officer

Routine types of charges:

Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.

		Statement					
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose		
		\$ 408.00					
Chris' Statement:							
2018	February	\$ 408.00	Foundation				
				5106 \$ 10.00	Desert Sun subscription - marketing		
				5110 \$ 20.00	Filed Statement of Information E-File		
				5106 \$ 378.00	Constant Contact subscription		
				\$ 408.00			

DESERT HEALTHCARE FOUNDATION
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE
March 31, 2018
TWELVE MONTHS ENDED JUNE 30, 2018

A/C 2190 and A/C 2186-Long term		6/30/2017 Open	New Grants Current Yr	Total Paid July-June	3/31/2018 Open	
Grant ID Nos.	Name	BALANCE	2017-2018	July-June	BALANCE	
BOD - 11/21/13	Coachella Valley Health Portal 2014 and 2015 - \$200K	\$ 42,451		\$ 12,384	\$ 30,068	HP
DHCD BOD 1/28/14	DHCD BOD - approved \$50K for Collective fund	\$ 27,757		\$ -	\$ 27,757	Shared Facility
Restricted Donation	Cal Endowment - \$130K for collective fund	\$ 10,000		\$ -	\$ 10,000	Shared Facility
	Mayor's Check recorded - \$100K HP	\$ 100,000		\$ -	\$ 100,000	100 HP
	Mayor's Check recorded - \$100K HP	\$ 100,000		\$ -	\$ 100,000	100 HP
3/17/16 - Mayor's Race	Mayor's Check recorded - \$100K RSS	\$ 97,296		\$ 70,048	\$ 27,248	RSS
BOD - 9/27/16 (#918)	Desert Highland Gateway Community Health & Wellness	\$ 39,788		\$ 25,989	\$ 13,800	DHG
BOD - 7/25/17 (#937)	West Valley Homelessness Initiative - Matching Grant		\$ 2,000,000	\$ 515,000	\$ 1,485,000	Homelessness
BOD - 9/26/17- RSS	RSS Funds-From Investment Funds for additional 4th year		\$ 70,000	\$ -	\$ 70,000	RSS
TCE Grant 01/31/18	Cal Endowment - Community & Health Policy Analysts		\$ 200,166	\$ -	\$ 200,166	TCE
TOTAL GRANTS		\$ 417,292	\$ 2,270,166	\$ 623,421	\$ 2,064,038	
Summary: As of 03/31/18		\$ 217,292		A/C 2190	\$ 1,864,038	
Health Portal:	\$ 230,068	\$ 200,000		A/C 2186	\$ 200,000	
Swim	\$ 97,248	\$ 417,292		Total	\$ 2,064,038	
West Valley Homelessness Initiati	\$ 1,485,000	\$ -		Diff	\$ -	
Cal Endowment-Analysts	\$ 200,166					
Shared facility use:						
Cal Endow and School Dist	\$ 37,757					
DHG:	\$ 13,800					
Total	\$ 2,064,038					
Amts available/remaining for Grant/Programs - FY 2017-18:			FY17 Grant Budget			
Amount budgeted 2017-2018		\$ 300,000		\$ 300,000		
Amount granted year to date		\$ (270,166)				
Mini Grants:		\$ -				
Net adj - Grants not used:						
Balance available for Grants/Programs		\$ 29,834				



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
MEETING MINUTES
April 10, 2018

Directors Present	District Staff Present	Absent Staff
Chair/Treasurer Mark Matthews Director Jennifer Wortham, DrPH <u>Community Members</u> Arthur Shorr	Herb K. Schultz, CEO Lisa Houston, COO Chris Christensen, CFO Mary Pannoni, Accounting/Admin. Support Andrea S. Hayles, Clerk to the Board <u>Legal Counsel</u> Jeff Scott	Donna Craig, Senior Program Officer; Alejandro Espinoza, Program Officer and Outreach Director; Vanessa Smith, Health Educator

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Matthews called the meeting to order at 3:31 p.m.	
II. Approval of Agenda	Chair Matthews asked for a motion to approve the Agenda.	It was moved and seconded (Community Member Shorr, Director Wortham) to approve the agenda. Motion passed unanimously.
III. Public Comment	Ezra Kaufman, District Resident, inquired on the split-interest agreements of the Foundation as outlined in the auditor's notes for the annual audit that references the Trusts that are not individually named. Mr. Kaufman requested that trusts one, two, and four be named in the annual audit reports. Also, Mr. Kaufman asked if any trust donations were made anonymously.	
IV. Approval of Minutes	Chair Matthews asked for a motion to approve the minutes of March 13, 2018.	It was moved and seconded (Community Member Shorr, Chair Matthews) to approve the agenda. Motion passed unanimously.

DESERT HEALTHCARE
FOUNDATION
 DESERT HEALTHCARE FOUNDATION

**FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE
 MEETING MINUTES
 April 10, 2018**

V. CEO Report	Herb K. Schultz, CEO, explained the cvHIP Marketing Plan that was approved for up to \$72,000 to begin the process of the marketing of cvHIP. The plan did not include \$100,000 for advertising in the media such as newspaper, print, radio, in English and Spanish translation for Valley-wide advertising. The second component of the marketing plan would begin in September. Staff will bring forward an action item at the April 24 th Board meeting.	
VI. Financial Reports	The Financial Reports were reviewed.	The Committee requested that Staff determine if and when to include a liability for District expansion to the Foundation financials. It was moved and seconded (Community Member Shorr, Director Wortham) to approve the March 2018 Foundation Financial Reports and forward to the Board for approval. Motion passed unanimously.
VII. Other Matters	None	
VIII. Adjournment	Chair Matthews adjourned the meeting at 3:32 p.m.	Audio recording available on the website at http://dhcd.org/Finance-and-Administration

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

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



Date: April 24, 2018

To: Desert Healthcare District Board of Directors

Subject: Current cvHIP marketing plan of action

Effective May 1, 2018

Summary

Information to acknowledge Staff’s intent to bring to the full Board meeting on April 24, 2018 for final approval.

Background

The Plan and direction of the Board of Directors was to engage in a contract with O’Bayley Communications to create a Brand and Marketing plan to uplift the current cvHIP website. On December 19, 2017 the board discussed the overarching cost of the Brand and Marketing plan and determined at that time the advertising would be handled in a phased in approach. The first phase would be a focus on the Western Region of the Coachella Valley – this would be monitored and assessed for success prior to a further investment into the remaining surrounding areas of the Coachella Valley.

With the goal to increase awareness and access to services provided here in the Coachella Valley, the promotion of cvHIP will meet our strategy 3.5 - Resident Linkage to Services.

Current Designated Funds in cvHIP		Other expenditures to consider
	\$240,035.59 Balance as of December 2017	\$43,000.00 2019 Annual Fee
MAX	\$72,000.00 O’Bayley Marketing	\$60,000.00 Phase 2 Marketing
	\$43,000.00 May 2018 Annual Fee	Staff Time undetermined
	\$39,000.00 Phase 1 Marketing Budget	
	<u>\$86,035.59</u> Balance Remaining	

Phase one initial Advertising Plan will cover the following media type outlets

1. News Paper
2. Print – i.e. CV Weekly / Tidbits
3. Digital – i.e. Facebook / Billboards/ Banner Ad
4. Radio - Spanish Radio with heavy focus during the World Cup – Local favorites
5. TV – All key stations both English and Spanish

Fiscal Impact

38,964.07

DESERT HEALTHCARE FOUNDATION - Coachella Valley Healthcare Information Place (CVHIP)									
Launch Date: May 2, 2018		4/5/18 12:42		OBAYLEY COMMUNICATIONS					
UPDATED									
PHASE 1		DEADLINES AND RUN DATES ASSUME A LAUNCH OF MAY 2, 2018							
MEDIA	Details	Notes/Status	Size	Deadline	Run	Cost per	Extended Cost	Contact	Submitted
PRINT									
Tidbits	7 weeks May 6 - June 29th EVERY OTHER FRIDAY		10.5" x 2"	4/26	5/4,18,6/1,15,29,7/13,7.27	207.00	\$1,449.00	Dave Long	
The Desert Sun	Desert Sun 3x per week- 13 weeks Monday and Friday Weather Ear - Starting April 30 - Ending July 23 would like to change Monday to Saturday and Friday to Sunday when/if available. Thursday Health Ear- Starting May 3 -Ending July 26 Ear		2" x 1.6"	4/30	Health: 5/3 - 7/26. Weather:4/30-7/23	\$249.84/week	\$3,247.92	Sonia Parra	
The Desert Sun	Neighbors- West Valley- Starting May 4th - July 27th-Specs: 1/4 page - 1/4 page 3x4.95 = 4.93"x4.95		4.93"x4.95	4/26	5/4 - 7/27	112.50/pe rweek	\$1,462.50	Sonia Parra	
MOBILE HOME NEWS	7 WEEKS EVERY OTHER THURSDAY	EVERY TWO WEEKS	4.9" x 7.5"	4/26	5/3;17;31;6/14,28,12,26	\$ 265	\$1,855.00	Kimberley Bruecks	
CV WEEKLY	7 X WEEKS QTR PAGE	EVERY TWO WEEKS	4 7/8" X 5 5/8"	4/26	5/2 -7/25	\$ 240	\$1,680.00	TRACY DIETLIN (760)5016228	
CV INDEPENDENT	3 X MONTHS	MONTHLY	QTR PAGE HORIZONTAL 9.889" X 4.7399	4/18	May, June, July	\$ 249	\$747.00	Jimmy Boegle (760) 904-4208	
DESERT HEALTH NEWS	JULY/AUGUST - 1 INSERTION	EDITORIAL CONTENT ALSO OFFERED	QTR PAGE HORIZONTAL 10"W X 3.562"	5/31	Jun-18	\$ 664	\$664.00	LAUREN DEL SARTO (760) 238-0245	
TOTAL PRINT							\$11,105.42		
DIGITAL									
Facebook.com	Post Boosting	No contract - discretionary buys as and when determined			as needed	10.00	\$300.00		
DESERTSUN.COM	SEO	INCLUDED IN PRINT BUY					\$0.00		
The Desert Sun	Desertsun.com Paramount ads 520x284 300x360 Estimated Impressions 50K+ Targeting Desktop and Mobile- Low Income, West of RM	50,000+ impressions month	520x284 300x360 pixels		5/2 -7/25	\$840/mon th	\$2,520.00	Sonia Parra	
KMIR.COM	"BILLBOARD" AD EVERY WEEK	3 months		4/26	5/7 -7/27	100.00	\$ 300.00	BOB WARE	
DESERT HEALTH NEWS	BANNER AD ON HOMEPAGE	FREE ADVERTORTIAL	300 x 250 pixels	3/5	May/June	\$ 99	\$297.00	LAUREN DEL SARTO	
TOTAL DIGITAL							\$ 3,417.00		
RADIO									
LA SUAVECITA	106 :30SEC SPOTS DURING THE WORLD CUP						\$3,251.25	Bob Ware	
Alpha Media	May and July (3 week schedule per month) •(18) Thirty second commercials per week Monday - Sunday 5A-12M on U92.7 •(18) Thirty second PSA's per month Monday - Sunday 5A-12M on U92.7 Total Investment: \$1,080 per month Total Commercials: 108 per monthFOR TWO MONTHS, MIDDLE MONTH GOES TO LA SUAVECITA	12 x :30 sec commercials p/w Mon - Sun 5a - 12 PLUS 20 x :30 sec PSAs p/m Mon - Sun 5a - 12m	:30sec	4/26	MAY & JULY	\$1,080 PER MTH	\$2,160.00	Dayna Smith	
TOTAL RADIO							\$ 5,411.25		
TV									
KESQ	MON - FRIDAY 8 WEEKS (13 weeks from start to finish but with 5 week break in the middle for Telemundo World cup ads)Early Morning 5-6a @ 4 spots per week; 2 spots per week during Ellen de Generes show 4 -5 pm; (1) spot per week News Channel 3 Weekends 6 - 7p (except weeks of 6/4 and 7/23 which will be (2) spots			4/23	4/30/2018 - 7/29		\$3,187.50	JILL GONYEA	
TELEMUNDO	WORLD CUP COVERAGE KDFX FOX 11 4 x Group Matches, 1 x Round of 16, 1 x Quarter Finals, 1 x 3rd place match. KUNA Telemundo 15 6 Group Matches, 2 round of 16, 1 x Quarter Finals, 1 x 3rd place match			5/30	6/11 - 7/15		\$5,000.00	JILL GONYEA	
KMIR	MON - FRIDAY 5 WEEKS NBC 2 NWS TDY 5A - 6A NBC 2 NWS TDY 6A - 7A TODAY SHOW 7A - 9A KMIR ROTATION	51 SPOTS	:30sec		5/7 -6/8	\$25 \$80 \$125 \$0	\$2,805.00	BOB WARE	
KMIR	Appearance on Your Health Matters with Janet Zapata	THROUGH DESERT HEALTH NEWS					\$0.00	BOB WARE	
KMIR	Interview on Desert Living				4/2/18	\$ 250	\$0.00	BOB WARE	

DESERT HEALTHCARE FOUNDATION - Coachella Valley Healthcare Information Place (CVHIP)									
Launch Date: May 2, 2018									
UPDATED		4/5/18 12:42							
PHASE 1	DEADLINES AND RUN DATES ASSUME A LAUNCH OF MAY 2, 2018								
MEDIA	Details	Notes/Status	Size	Deadline	Run	Cost per	Extended Cost	Contact	Submitted
KAMINSKY PRODUCTIONS	PRODUCE :30 SEC SPOT						\$1,500.00	ETHAN KAMINSKY	
TOTAL TV							\$12,492.50		
Other									
Lamar Billboards	13 WEEKS VINYL POSTERBOARDS IN PALM SPRINGS ONLY (includes cost of Vinyl)		10'6" x 22'9"	5/11	5/21 -8/12	\$ 900	\$ 3,000.00	RAY DOMINGUEZ	
Signs by Tomorrow	Print 3 x Bus Shelter Posters Backlit		48' x 69"	4/26			\$ 387.90	AL	
Sunline Transit	3 X BUS SHELTER IN PALM SPRINGS #24; 226;738 12 WEEKS VINYL		48" X 69"	4/26	5/2-7/31	\$ 900	\$2,700.00	NORMA STEVENS (760) 343-3457	
PALM SPRINGS CHANNEL 17	VIDEO REEL OF NOTABLE LOCALS MAYOR ETC ADVOCATING USE OF CVHIP			5/1		0.00	\$0.00	AMY BLAISDELL	
KOFFI TV screens	:30 SEC COMMERCIAL RUNS 3 TIMES EVERY 60 MINS IN BOTH CAFES (TWO LOCATIONS) DURING BUSINESS HOURS			4/26	MAY, JUNE JULY	\$ 150	\$450.00	SCOTT (760) 980-1050	
TOTAL OTHER							\$ 6,537.90		
							GRAND TOTAL \$38,964.07		





Date: April 24, 2018

To: BOARD OF DIRECTORS

Subject: **BEHAVIORAL HEALTH INITIATIVE**

Staff recommendation: Consideration to accept \$2,000,000 from the Desert Healthcare District to fund the Behavioral Health Initiative Collective Fund.

Background: The concept of the collective fund/initiative was presented at the February 27, 2018 Board meeting and was approved to establish the collective fund at the March 27, 2018 Board meeting for Community Health Focus Area: #2 Primary Care and Behavioral Health Access – with a focus on Behavioral Health.

As with the West Valley Homelessness Initiative collective fund, the Behavioral Health Initiative Collective Fund will support programs and infrastructure to address the behavioral health issues in the Coachella Valley. Desert Healthcare Foundation will be responsible for the administration of the funds.

DESERT HEALTHCARE DISTRICT GRANT AGREEMENT

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

1. **Grant**

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

Amount: \$2,000,000.00

2. **Term of Agreement**

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

3. **Legal Responsibility/Liability**

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

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

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

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

DISTRICT _____ RECIPIENT _____

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

5. **Other Funding Sources**

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

6. **Attribution Policy**

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

7. **Payment Schedule**

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

8. **Program Budget**

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

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

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

10. **Evaluation/Outcomes Reporting**

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

DISTRICT _____ RECIPIENT _____

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

11. **Use of Subcontractors**

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

12. **Use of Funds**

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

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

13. **Prevailing Wages**

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

DISTRICT _____ RECIPIENT _____

14. **Independent Contractor Status**

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

15. **Use of Funds for Lobbying or Political Purposes**

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

16. **Compliance with Applicable Law and Regulations**

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

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

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

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

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

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

DISTRICT _____ RECIPIENT _____

18. **No-Cost Grant Extensions**

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

19. **Conflict of Interest/Self Dealing**

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

20. **Indemnity and Hold Harmless**

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

21. **Fiscal/Accounting Principles**

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

22. **Documentation of Revenues and Expenses**

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

DISTRICT _____ RECIPIENT _____

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

23. **Records Retention**

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

24. **Governing Law**

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

25. **Assignment or Transfer**

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

26. **Entire Agreement, Amendment**

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

27. **Notices**

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

28. **Signatories**

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

DISTRICT _____ RECIPIENT _____

RECIPIENT:

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

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

Authorized Signatory for Desert Healthcare District:

Name: Herb K. Schultz
Title: Chief Executive Officer

SIGNATURE

DATE

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

EXHIBIT A

DESERT HEALTHCARE DISTRICT ATTRIBUTION POLICY

1. **Attribution Wording**

Attribution for District-funded programs shall be as follows:

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

2. **Educational Materials**

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

3. **Promotional Materials**

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

4. **Media Materials and Activities**

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

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

5. **Logo Usage**

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

6. **Photograph Consent**

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

DISTRICT _____ RECIPIENT _____

EXHIBIT B

DISTRICT _____ RECIPIENT _____

EXHIBIT C

PROGRAM BUDGET ATTACHED AS SUPPLEMENTAL PAGE(S)



Date: April 24, 2018

To: Board of Directors

Subject: Election Polling - Service Agreement with Lake Research Partners (LRP) – Not to Exceed \$75,210

Staff Recommendation: Consideration to approve the Service Agreement for Lake Research Partners (LRP), not to exceed \$75,210, plus expenses.

Background:

- The hearing on DHCD/F’s LAFCO Annexation application is on Thursday, April 26. Based on conversations with key parties, DHCD Staff expects LAFCO to approve it with no conditions, clearing the way for East Valley residents to weigh in on November.
- Over the last several months, the Ad Hoc Committee, and more recently, the Board has discussed and provided guidance on the elements of an Expansion Initiative.
- One of the first steps (in addition to ongoing outreach, public engagement, and education) in the discussed Expansion Initiative is undertaking a small number of focus groups and polling to guide other major activities.
- Additional activities may ultimately include the hiring of a strategist, media/advertising, and direct mail.
- Staff is recommending Lake Research Partners (LRP) as the contractor to undertake the focus group and polling work.
- LRP has substantial experience working in the Coachella Valley (e.g., Dr. Congressman Raul Ruiz) and a very strong national recommendation.
- The cost of this proposal is consistent with other polling and focus group activities that were undertaken over the last 18 months by the DHCD.

Fiscal Impact:

\$75,210 – This was budgeted a part of the Budget Line Item - “Communications and Marketing.”

CONSULTING SERVICES AGREEMENT

This Professional Services Agreement (Agreement) is entered into by and between Desert Health District (District), a public agency organized and operating pursuant to California Health and Safety Code sections 32000 et seq., and Lake Research Partners, ("LRP" or "Consultant"), as follows:

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

1. The District would like to retain the professional services of a public opinion consultant to develop polling and survey data for its contemplated expansion initiative to coincide with the general election in November, 2018;
2. Consultant is a public opinion research firm which is qualified and possesses the knowledge, skill, expertise, and other resources necessary to provide the professional services ("Services") outlined in Exhibit A, attached hereto; and,
3. The District has relied on LRP's representations in selecting Consultant to perform the Services, and Consultant desires to provide District with such Services, in accordance with the terms and conditions of this Agreement.

C-O-V-E-N-A-N-T-S

1. CONSULTANT'S SERVICES AND SCHEDULE

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidental and customary work necessary to fully and adequately provide District and the Foundation with professional services as more fully described in Exhibit A attached hereto and incorporated herein by this reference (Consultant "Research Plan"). Consultant shall provide District with such Services in accordance with the terms and conditions of this Agreement. All Services shall be performed by Consultant to the reasonable satisfaction of District.

1.2 Nondiscrimination. In performing pursuant to this Agreement the Consultant agrees not to discriminate against any worker, employee, applicant for employment, or any member of the public, because of race, religion, national origin, ancestry, sex, age, sexual orientation, disability, marital status, domestic partner status, or medical condition, or otherwise commit an unfair labor practice.

1.3 Compliance with Laws. In performing the Services, Consultant shall, and shall at all times comply with all applicable laws, rules, regulations, codes, ordinances, and orders of every kind whatsoever issued, adopted, or enacted by any federal, state, or local governmental body having jurisdiction over the the Services. The research LRP conducts for the District and Foundation will be part of a civic and public education program designed to enhance awareness of the issues surrounding boundary expansion. LLP specifically represents and warrants that it's work will not be to develop

a campaign to implement a strategy for building support for the ballot measure (both in terms of building coalitions and financial support for a campaign). Consultant's Services will terminate the earlier of August 10, 2018, or when the Riverside County Board of Supervisors takes action to place an annexation expansion measure on the November 6, 2018 ballot.

1.4 Performance Standard. Consultant shall perform the Services with efficiency and diligence and shall execute the Services in accordance with the standards of Consultant's profession, generally described as that degree of skill and care ordinarily exercised by accountants performing public opinion polling and research services of a scope, purpose, magnitude, and location comparable with the Services to be provided under this Agreement.

1.5 District's Representative. District's Representative. For purposes of the Agreement, the District's Representative shall be the District's Chief Executive Officer, Herb Schultz, located at 1140 N. Indian Canyon Drive, Palm Springs, CA 92262. All amendments to this Agreement shall be approved and signed by the District's Representative.

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant as noted on Exhibit A (Research Plan).

2.2 Invoices. Consultant shall deliver an invoice to District no later than the 10th day of each month for Services.

2.3 Payment. The District shall remit payment for all amounts due to Consultant within thirty (30) days after receipt of invoices; provided, however, in the event District disputes any portion of Consultant's invoice, it shall timely pay any undisputed amounts invoiced and notify Consultant within thirty (30) days of its receipt of the invoice of the specifics of any disputed amounts. The parties shall expeditiously resolve the subject of any disputed amounts by way of negotiation or, if necessary, mediation. Any such dispute shall not relieve Consultant of its obligation to continue diligently performing the Services.

3. **TERM.** The term of this Agreement shall run from the date this Agreement is fully executed until August 10, 2018, subject to Section 1.3 above or the District's right to sooner terminate for convenience.

3.1. Termination for Convenience. District may at any time, in the exercise of its sole discretion, terminate this Agreement in whole or in part, with or without cause, by providing notice to Consultant of its intention to terminate the Agreement for convenience. So long as the Consultant is not in default under this Agreement at the time of such termination, District shall pay Consultant for all Services incurred to the date of termination.

4. INDEPENDENT CONTRACTOR. District has retained Consultant to provide, and Consultant shall perform, the Services as an independent contractor maintaining exclusive direction and control over its employees; and, no personnel utilized by Consultant to perform the Services are employees of District.

5. OWNERSHIP OF DOCUMENTS. All Deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports prepared by Consultant as a part of the Services (Consultant Work Product) shall belong to and be subject to the sole ownership and use of District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

6. INDEMNIFICATION. Consultant agrees to indemnify and hold the District, its governing body, officers, employees, representatives, agents, successors and assigns (collectively the District Indemnities), harmless from and against any and all losses, liabilities, claims, causes of action or costs and expenses of whatever nature or kind, incurred or suffered by the District or the District Indemnities including indemnity claims arising by reason of any personal injury of any person or property loss, loss of use, or damage, to the extent the same arise out of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of Consultant, its officers, employees, subcontractors, or representatives, relating to the performance of this Agreement.

9. NOTICE. All notices to be given under this Agreement shall be in writing and shall be deemed effective upon receipt when personally served or two days after mailing by certified, return receipt requested, to the following addresses:

To: District
Desert Healthcare District
Attention: Herb Schultz, Chief Executive Officer
1140 N. Indian Canyon Drive
Palm Springs, California 92262

To: Consultant
Lake Research Partners
1936 University Avenue, Suite 330
Berkeley, CA 94704

10. CONSEQUENTIAL DAMAGES. In no event shall either party or its contractors, subcontractors, or representatives be liable in contract, tort, strict liability, warranty, or otherwise, for any special, indirect, incidental, or consequential damages, such as, but not limited to, loss of product, loss of anticipated profits or revenue, loss of use of equipment or system, non-operation or increase expense of operation of other equipment or systems, or cost of capital.

12. MISCELLANEOUS PROVISIONS.

12.1 Venue. Venue shall lie only in the federal or state courts nearest to the City of Palm Springs, in the County of Riverside, State of California.

12.2 Modification. This Agreement may not be altered in whole or in part except by a modification, in writing, executed by all the parties to this Agreement.

12.3 Entire Agreement. This Agreement, together with all Schedules attached, contains all representations and the entire understanding between the parties with respect to the subject matter of this Agreement. Any prior correspondence, memoranda, or agreements, whether or not such correspondence, memoranda, or agreements are in conflict with this Agreement, are intended to be replaced in total by this Agreement and its Schedules.

12.4 Assignment. Consultant shall not be entitled to assign all or any portion of its rights or obligations contained in this Agreement without obtaining the prior written consent of the District. Nothing in this Agreement shall obligate the District to give such consent. Any purported assignment without the District's consent shall be void.

12.5 Binding Effect. This Agreement shall inure to the benefit of and be binding upon the parties and their respective purchasers, successors, heirs, and assigns.

12.6 Unenforceable Provisions. The terms, conditions, and covenants of this Agreement shall be construed whenever possible as consistent with all applicable laws and regulations. To the extent that any provision of this Agreement, as so interpreted, is held to violate any applicable law or regulation, the remaining provisions shall nevertheless be carried into full force and effect and remain enforceable.

This Agreement is entered into in Riverside County, California.

Desert Healthcare District

Consultant

By: _____
Herb Schultz,
Chief Executive Officer

By: _____
Authorized Representative.

Dated: _____

Dated: _____

EXHIBIT A

Research Plan

To best meet your needs, we recommend a multi-phased research design, including a focus group series and telephone baseline survey.

Focus Groups

We propose starting with a series of four (4) focus groups in Indio, California. The groups will explore knowledge of the District, how voters view the plan to expand the Desert Healthcare District, how they are affected by the current district boundaries, how they connect with issues regarding the current lines, what they believe should be done and how, and ensure we find the right language that moves voters to support the expansion. Participants would be likely voters who are residents of the newly created healthcare district and they would be stratified by gender and ethnicity in order to get a mix of targeted audiences.

Focus groups will allow for deep exploration of the perceptions and values driving attitudes on healthcare and healthcare access, and to look for openings on how to frame the issue. By engaging voters in a discussion, and through exercises such as mind-mapping and scenarios, we will analyze how and when shifts in thinking occur. We will explore and refine the language that connects voters' aspirations and values to policy changes.

Pricing for these focus groups is laid out below. Please note these are initial recommendations that can be adapted with your input.

Focus Group Pricing		
Description	Location	Price
Latino, mixed gender and age (Spanish)	Indio, CA	\$10,650
Latino, mixed gender and age (English)		\$9,250
White/Anglo men, mixed age		\$8,000
White/Anglo women, mixed age		\$8,000
<i>Analysis Fee</i>		\$4,500

Focus group prices include recruitment, reminder letters, confirmation calls, incentive payments, guideline development, moderators, audiotaping, transcripts, and reporting. The only additional charges are for the travel of LRP employees to each focus group facility. This will be billed at cost. We reserve the right to pass on additional recruitment charges up to \$1,000 per group if the recruitment becomes unusually difficult. We will notify you of the progress made in recruitment before additional charges are likely.

Telephone Baseline Survey

Following the focus group phase, we will move on to a survey, to measure and quantify the new insights generated by the qualitative research phase. This survey will serve as a blueprint for the campaign and help us build a narrative for a successful healthcare district expansion proposal. A baseline survey allows us to:

- Accurately test voters' knowledge of the role of the District and current views of healthcare access
- Measure voters' initial support for one or more versions of a proposed ballot measure

EXHIBIT A

- Gain a complete view of the top messages (positive and negative) and language to which voters respond and how to frame those messages
- Test attacks to the proposal and responses to mitigate their effect on support for the proposal
- Identify key messengers and endorsers that voters trust and to whom they will listen.
- Identify target groups and how to define and deliver to those targets the most informative messages on the value of boundary expansion
- A demographic section which asks a variety of questions about the respondent's political and demographic characteristics (for example: gender, age, region, party identification, race, education level, and marital status). Responses to this section are then cross-tabulated against all the other questions, so we can identify differences, and define a comprehensive targeting strategy for the information campaign.

We recommend a sample of 500 likely November 2018 voters who will be eligible to vote on the expansion initiative and a survey length of 18 minutes. Our sample will be randomly generated to ensure the survey results and demographic information represent the district's population. A 500-sample size will enable you to break out statistically significant results among critical groups of voters. It will also give us the opportunity to identify key target groups and messaging recommendations for them.

Survey Pricing		
Sample	Length	Price
500 likely voters (English and Spanish)	18 minutes	\$34,810

Survey pricing is a function of two main factors: the number of respondents and length of the survey. Survey prices include questionnaire development, data entry, programming, analysis and presentation of findings, and ongoing strategic consultation. A final report of the survey research is provided. Pricing does not include sample/cell phone matching (estimated at \$1,000). There is a one-time administrative fee equal to 2% of the total research budget in lieu of recovery of direct out-of-pocket costs to cover communication, express mail, and printing charges. The only additional charges are for any project-related travel.

The research design and prices listed above are recommendations and can be amended according to your goals and budget. We are happy to work with you to revise this proposal to meet your needs.

Please do not hesitate to contact David Mermin (dmermin@lakeresearch.com) at 510-379-5180 or Bob Meadow (bmeadow@lakeresearch.com) at 202-470-4426 should you have any questions or comments about this memo.

Item 6B

Coachella Valley Association of Governments
Homelessness Committee
April 18, 2018



Staff Report

Subject: HARC, Inc. CV Housing First Evaluation Update

Contact: Cheryll Dahlin, Management Analyst (cdahlin@cvag.org)

Recommendation: Information

Background: CVAG hired HARC Inc., (Health Assessment and Research for Communities) to evaluate the effectiveness of the CV Housing First program contracted with Path of Life Ministries (POLM). As CVAG transitioned from administering an emergency shelter model to implementing Housing First, the committee expressed the need for evaluation of homeless programs to ensure results and funding was being well spent to end homeless situations. The purpose of Report #1 is to provide an overview of who has been served by POLM since they have received the contract.

The data in this report was pulled from the Homeless Management Information System (HMIS), it includes the intake form data as well as exit form data for those individuals who have completed the program. The data extracted included the service date range of July 1, 2017 to January 31, 2018, a total of seven months.

We would like to thank POLM for their willingness to participate and share their data from their leveraged programs, not funded by CVAG. HARC, Inc. will provide a more comprehensive report in June 2018 to demonstrate the impact POLM, through CV Housing First and leveraged programs, has had over time.

Fiscal Impact: There is no additional fiscal impact.

Attachments:

1. CV Housing First Evaluation: Report 1

CV Housing First Evaluation: Report 1

Examining the Clients Served in the First Seven Months



Report By:



April 2018

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Executive Summary

Background

Coachella Valley Association of Governments (CVAG) contracted with Path of Life Ministries (POLM) to address the issue of homelessness in the Coachella Valley by implementing a Housing First model to the region. This program, now known as CV Housing First, began in July 2017. CVAG hired HARC Inc., (Health Assessment and Research for Communities) to evaluate the effectiveness of this program. The purpose of this report is to provide an overview of who has been served by POLM since they have received the contract.

Data in this report are from the Homeless Management Information System (HMIS), which includes the intake form data as well as exit form data for those individuals who have completed the program. The data extracted included the service date range of July 1st, 2017 to January 31st, 2018, a total of seven months.

Results

Overall

During the first seven months, POLM has served a total of 156 clients in the Coachella Valley (including those funded by CVAG as well as by other leveraged programs). This includes programs such as Rapid Rehousing, Homelessness Prevention, Emergency Shelter, and Permanent Supportive Housing.

The average age of POLM clients was 36.2, with the youngest being zero years of age (e.g., an infant), and the oldest being 94 years of age. About 30.1% of clients were minors. About 43.6% are male, while 56.4% are female. The most common ethnicity is Hispanic/Latino (52.6%), and the most common race is White/Caucasian (84.0%). Only six veterans have been served thus far by CV Housing First. Most clients (73.5%) had an individual monthly income of less than \$1,000 upon intake.

The most common location for service initiation includes the 92201 (32.1%, Indio), and 92240 (14.1%, Desert Hot Springs) zip codes. Most clients (69.6%) first became homeless in 2015 or earlier. Over half (55.7%) of clients being served have been homeless for more than a year within the last three years. In other words, most clients are experiencing homeless as a long-term issue.

Most of POLM's clients came into the program from a homeless situation; either from an emergency shelter (40.4%), or from a place not meant for human habitation (29.4%). Relatively few POLM clients were previously housed in an institutional situation. Most (52.8%) had been in this previous living situation for at least three months. This indicates that for these individuals, this was a long-term situation.

Slightly less than half (45.5%) entered with a disability, and over a quarter (27.4%) experienced domestic violence at some time in their lives.

Funding Sources Separated

A total of 65 clients were served through CVAG funds, while 91 were served through other leveraged program funds.

For CVAG, the average age was 33, 47.7% are male, 83.1% are white, and 66.2% are Hispanic/Latino. Most (57.1%) clients became homeless in 2017. About 36.9% have a disabling condition, and 7.5% experienced domestic violence. Average monthly income upon intake was \$819.

For clients served through other leveraged programs, the average age was 38, 40.7% are male, 84.6% are white, and 66.2% are Hispanic/Latino. Most clients (39.7%) became homeless in 2017. About 51.6% have a disabling condition, and 38.4% experienced domestic violence. Average monthly income upon intake was \$524.

Most clients being served under CVAG funds were homeless for four to six months (50.0%) within the last three years. In contrast, most clients served by other leveraged programs experienced more long-term homelessness; 64.7% have been homeless for more than 12 months of the last 36. About half of the CVAG-funded clients came from a rental situation with no housing subsidy.

Measuring Outputs

Of the 56 clients who have exited POLM, thus far, clients spent an average of 58.8 days across CVAG-funded programs, and 199.1 days across other leveraged programs. On average, client's individual income increased slightly upon exit for both CVAG-funded and other-leveraged programs.

The majority (82.6%) of clients being served under CVAG funds exited to a permanent destination, indicating effective performance. All CVAG-funded clients exited because they completed the program as designed.

Numbers for other leveraged programs were low (only 10), making both conclusions and comparisons difficult. Two exited to a permanent destination, three to a temporary destination, and five to an "other" destination.

Introduction

In June 2017, Roy's Desert Resource Center, an emergency homeless shelter in North Palm Springs, was officially closed. Run by Jewish Family Service of San Diego, Roy's had served as a western Coachella Valley resource for homeless individuals for many years. The building will be transitioned to a long-term behavioral health care center administered by Riverside University Health System-Behavioral Health.

To fill the void left by Roy's, the Coachella Valley Association of Governments (CVAG) Homelessness Committee issued a Request for Interest (RFI) to identify a contractor who could provide homelessness services in the West Valley. Path of Life Ministries (POLM) responded to that RFP, and in June 2017, was selected as the chosen contractor.

The program was officially known as the West Valley Housing Navigation Program (WVHNP) and operated on a "Housing First" philosophy. The WVHNP was designed to provide services related to prevention, diversion, and rapid rehousing.

In September 2017, the WVHNP was expanded, so that POLM's program could include services throughout the entire Coachella Valley through June 30, 2019. To better reflect the expansion of services and the intent of the program, the name of the program was changed from WVHNP to CV Housing First. This program includes prevention and diversion services (e.g., rapid rehousing, case management, behavioral health support, employment support), along with crisis stabilization housing.

In September 2017, the Homelessness Committee agreed to seek out a third-party evaluator to document the impact of POLM's work on the CV Housing First program. HARC, Inc. (Health Assessment and Research for Communities) submitted a proposed scope of work for consideration. In November 2017, the Homelessness Committee voted to approve the scope of work and cost proposal. The contract was signed in December 2017, and HARC became the official evaluator.

HARC staff met with staff from POLM and CVAG and learned that a great deal of valuable data is already collected and tracked through the Homeless Management Information System (HMIS), administered by the U.S. Department of Housing and Urban Development (HUD). POLM administers a detailed intake survey and exit survey for all clients who receive rapid rehousing, both filled with detailed information, and this data is tracked in HMIS. HARC determined the best way to measure POLM's impact would be to assess change in outcomes through these existing surveys.

This report uses HMIS data to summarize the demographics of who has been served by POLM since their contract began in July 2017. Note that this report simply describes who is in the program, not the impact the program has had on them. Due to the short timeframe, there has not yet been time to observe the program's impact. The next HARC report will use HMIS data to compare intake and exit data to demonstrate the program's impact on those who went through it.

The purpose of this report is to provide an overview of program demographics. For example, the amount and demographics of people being served, the types of programs being implemented, and program entrance/exit information. The effectiveness of the Housing First model is not evaluated here as additional time for data collection was needed.

Data presented in this report includes intake and exit information from clients being served by POLM. These data are collected and maintained in a database called the Homeless Management Information System (HMIS). The data extracted included the service date range of July 1st, 2017 to January 31st, 2018.

CVAG was interested in all activities taking place within the Coachella Valley that are being employed by POLM, in addition to the CVAG-funded programs. For this reason, the first section reports on all POLM activities in the area during the timeframe, while the second separates out those funded by CVAG and those funded by other leveraged programs. The final section takes a brief look into the few clients who have completed the program at POLM. This study was originally intended to evaluate all homeless services. Path of Life Ministries was willing to participate in this program through CV Housing First and through their many leveraged programs.

Results

POLM Client Characteristics

Demographics

As illustrated in Table 1, a total of 156 clients have been served in the Coachella Valley by POLM between the service dates of July 1st, 2017 to January 31st, 2018.

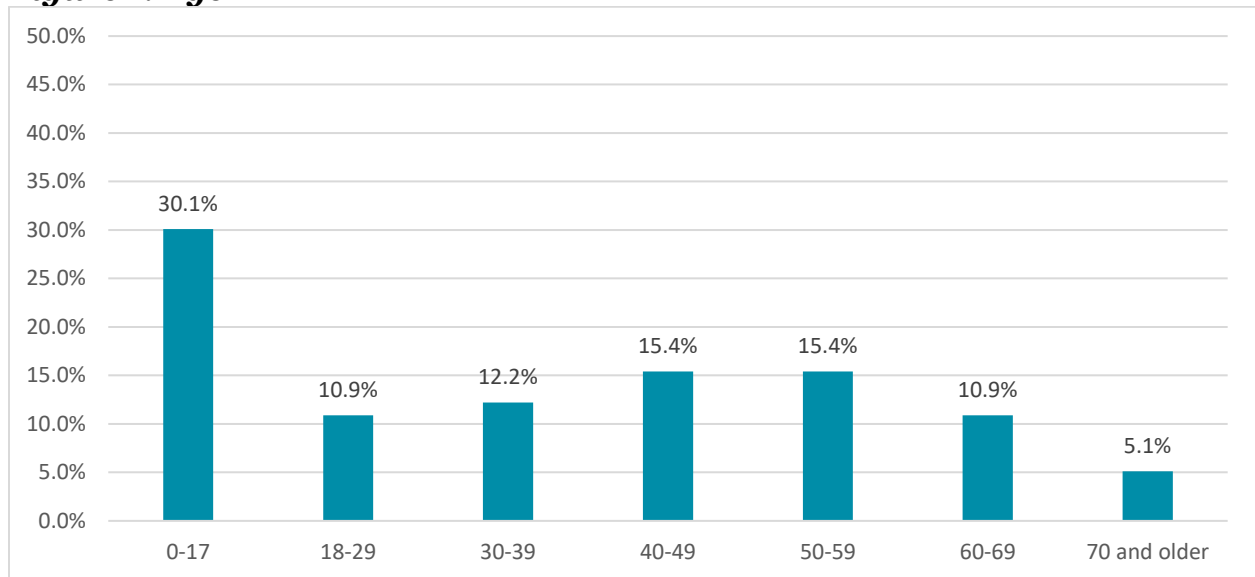
Table 1. Program Type

Funder	Program	n	%
CVAG	Emergency Shelter	14	9.0%
	Homelessness Prevention Project	42	26.9%
	Hotel/Motel Voucher	7	4.5%
	Rapid Rehousing Project	2	1.3%
	CVAG Subtotal	65	41.7%
Other Leveraged Programs	Permanent Supportive Housing	20	12.8%
	Rapid Rehousing	19	12.2%
	Cold Weather Emergency Shelter	16	10.3%
	Family Emergency Shelter	4	2.6%
	Year-Round Emergency Shelter	9	5.8%
	Rapid Rehousing East County	23	14.7%
	Other Leveraged Programs Subtotal	91	58.4%
Overall Total		156	100.0%

Note: n = 156.

As illustrated in Figure 1, about a third (30.1%) of clients were minors. The average age was 36.2. The youngest was zero years of age (i.e., an infant), while the oldest was 94.

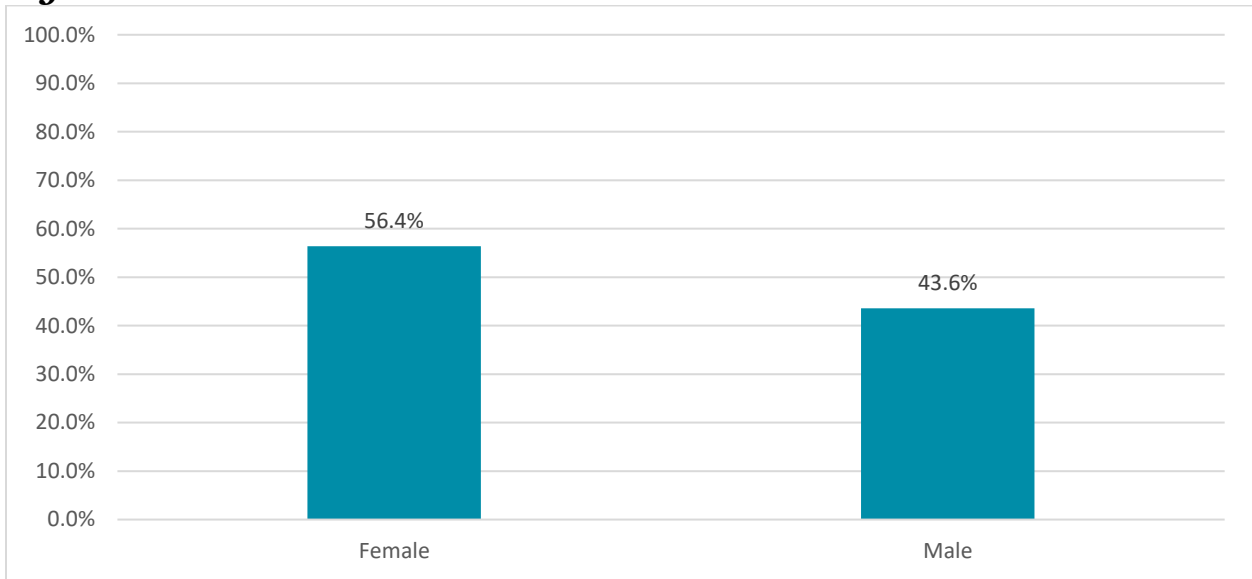
Figure 1. Age



Note: n = 156.

The proportion of males (43.6%) and females (56.4%) being served is approximately equal.

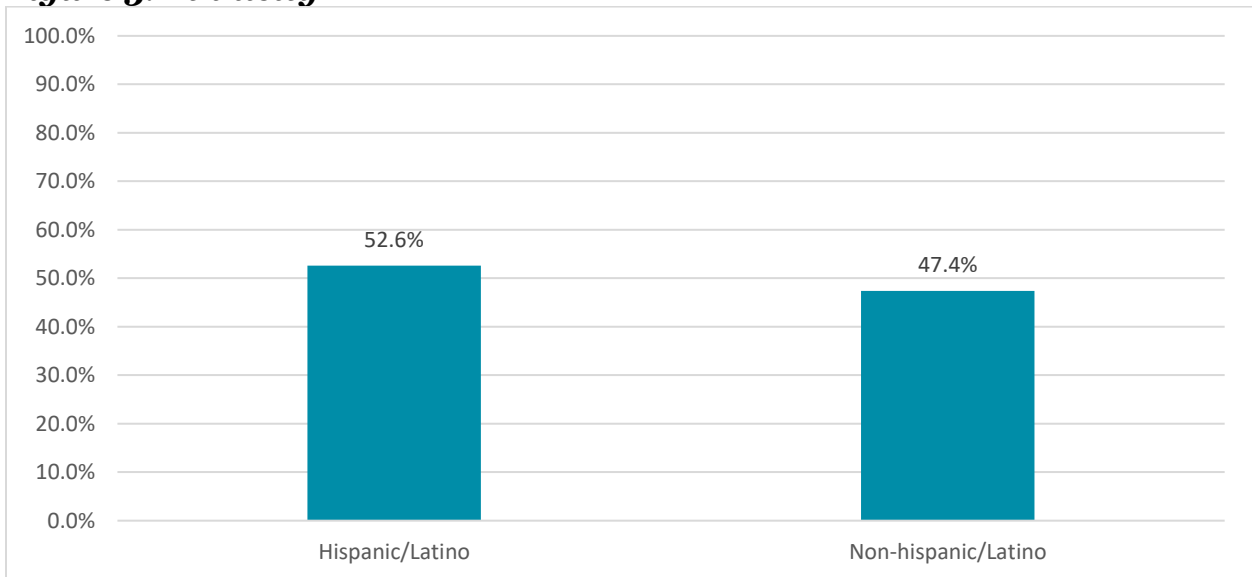
Figure 2. Gender



Note: $n = 156$.

The proportion of Hispanic/Latino (52.6%) being served is approximately equal to the amount of non-Hispanic/Latino (47.4%).

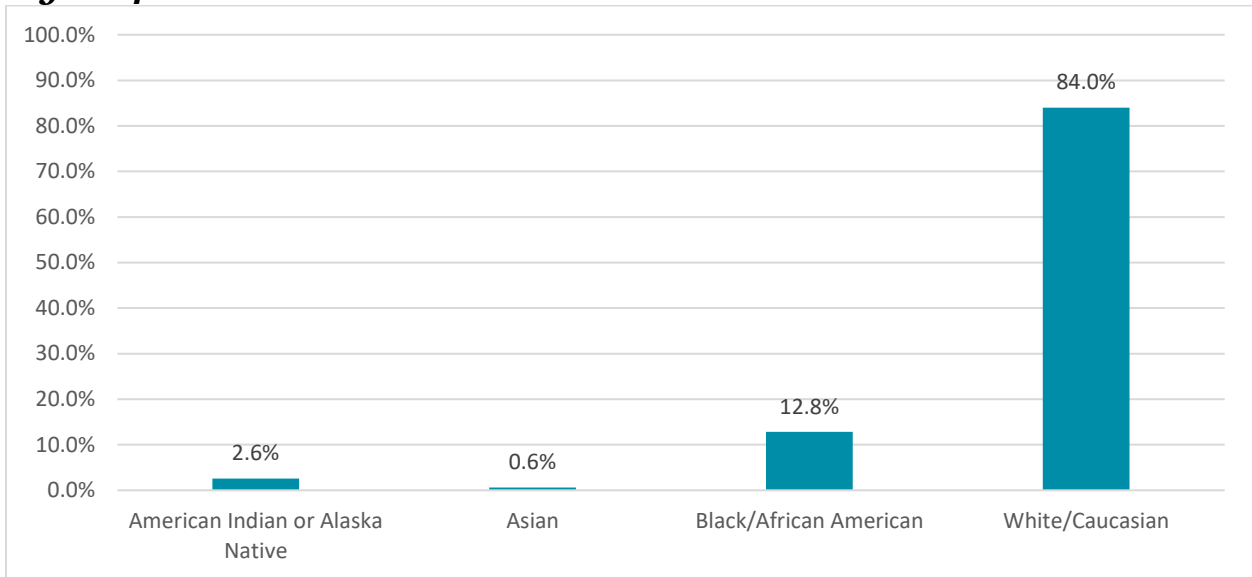
Figure 3. Ethnicity



Note: $n = 156$.

Most the clients being served in the Coachella Valley are White/Caucasian (84.0%), followed by Black/African-American (12.8%).

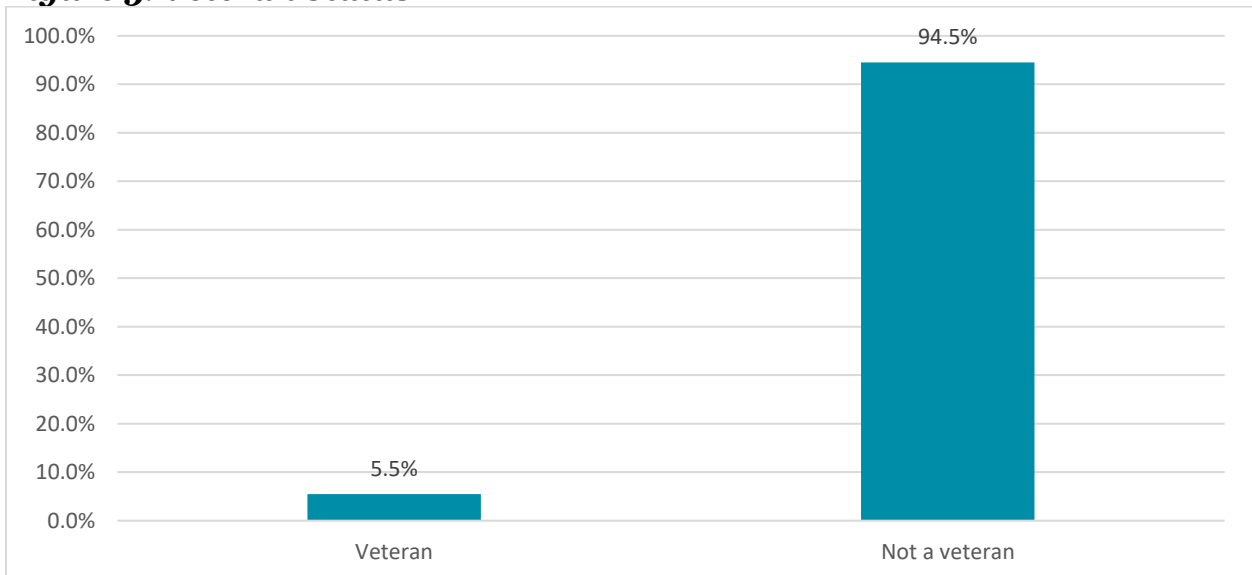
Figure 4. Race



Note: $n = 156$.

Most clients are not veterans (97.2%), as illustrated in Figure 5. Only six clients were veterans.

Figure 5. Veteran Status



Note: $n = 109$.

Homelessness Situation Details

Zip codes in Table 2 represent the area in which POLM engaged the client and initiated service delivery. The Department of Housing and Urban Development (HUD) does not require that zip codes be tracked. Fortunately, the Riverside Continuum of Care added the zip code tracking feature, at the request of POLM.

As illustrated in Table 2, most clients are being found and enrolled in the 92201 (32.1%, Indio) and 92240 (14.1%, Desert Hot Springs) area codes. Additionally, about 48% are being served in the East Valley (using Desert Healthcare District boundaries as a guide), whereas 52% are within DHCD boundaries/in the West Valley.

Table 2. Location of Service Initiation

Zip Code	City	Boundary	Frequency	Percentage
92201	Indio	Outside DHCD	50	32.1%
92240	Desert Hot Springs	DHCD	22	14.1%
92262	Palm Springs	DHCD	14	9.0%
92264	Palm Springs	DHCD	14	9.0%
92235	Cathedral City	DHCD	10	6.4%
92274	Thermal	Outside DHCD	10	6.4%
92263	Palm Springs	DHCD	8	5.1%
92236	Coachella	Outside DHCD	7	4.5%
92211	Palm Desert	DHCD	5	3.2%
92260	Palm Desert	DHCD	5	3.2%
92258	North Palm Springs	Outside DHCD	3	1.9%
92202	Indio	Outside DHCD	2	1.3%
92234	Cathedral City	DHCD	2	1.3%
92210	Indian Wells	Outside DHCD	1	0.6%
92253	La Quinta	Outside DHCD	1	0.6%
92254	Mecca	Outside DHCD	1	0.6%
92270	Rancho Mirage	DHCD	1	0.6%

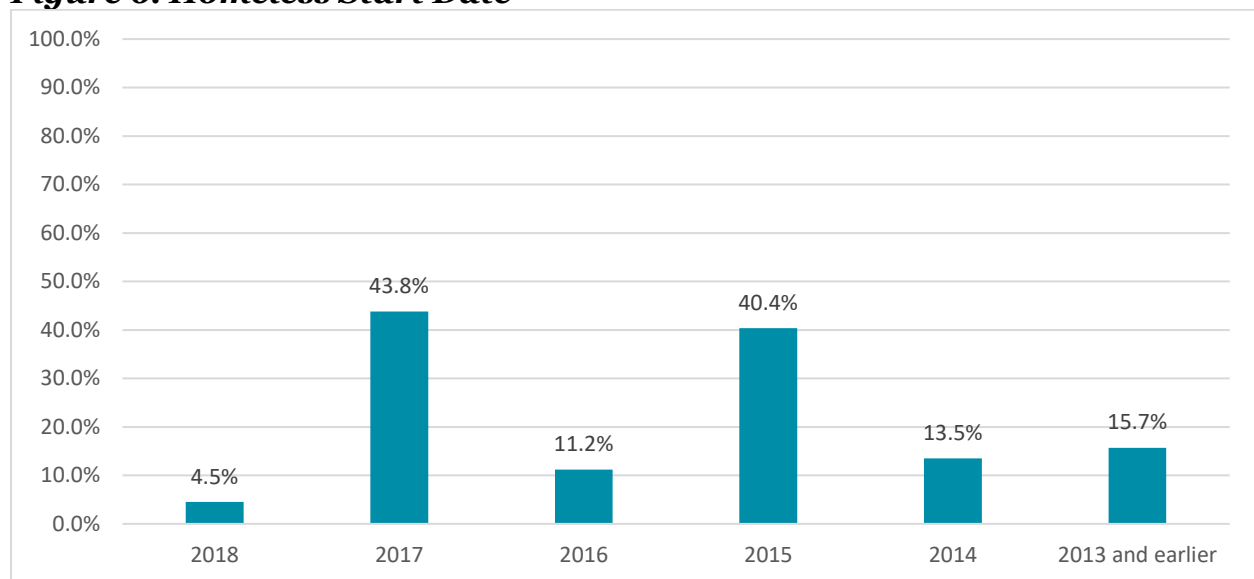
Note: $n = 156$.

Homelessness as defined by HUD includes four categories, each with precise criteria:¹

1. Literally homeless: an individual or family who lacks a fixed, regular, and adequate nighttime residence
2. Imminent risk of homelessness: an individual or family who will imminently lose their primary nighttime residence
3. Homeless under other federal statutes: refers to unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless but meet other criteria
4. Fleeing/attempting to flee domestic violence: an individual or family who is fleeing domestic violence and lacks permanent housing

Figure 6 refers to the first date that clients being served experienced homelessness. This includes the date in which the client was first on the streets, in an emergency shelter, or in a safe haven. Most clients (69.6%) first became homeless in 2015 or earlier.

Figure 6. Homeless Start Date

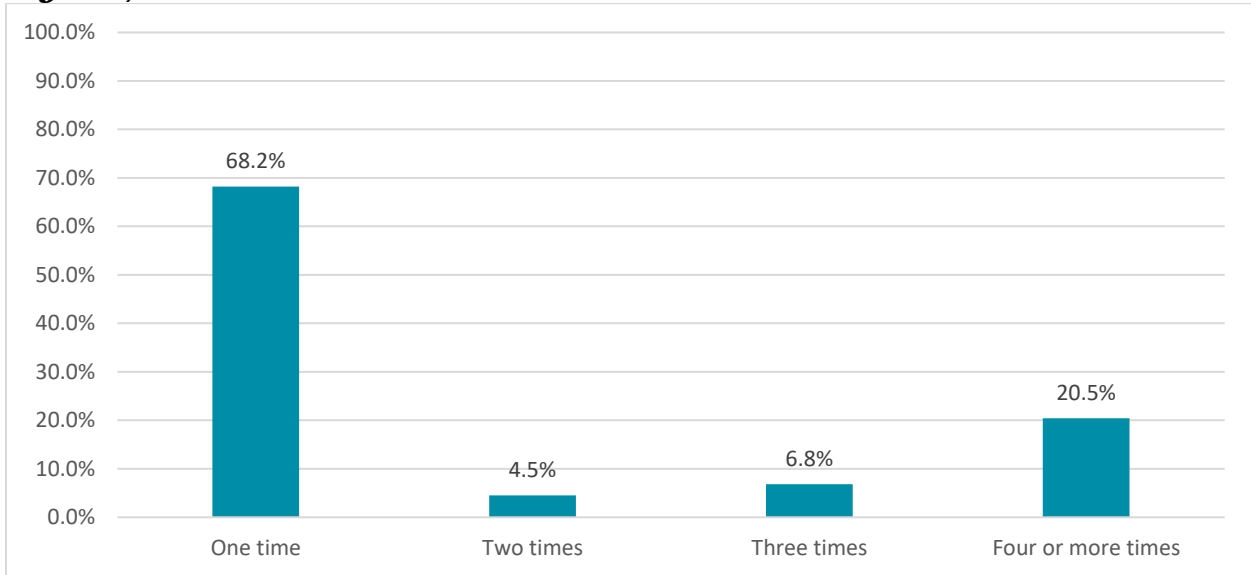


Note: n = 89.

¹ https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Figure 7 refers to the number of times clients have been homeless within the last three years. The majority of clients have been homeless once (68.2%) in the last three years, while 20.5% have experienced homelessness four or more times meaning they have been in-and-out of homelessness multiple times.

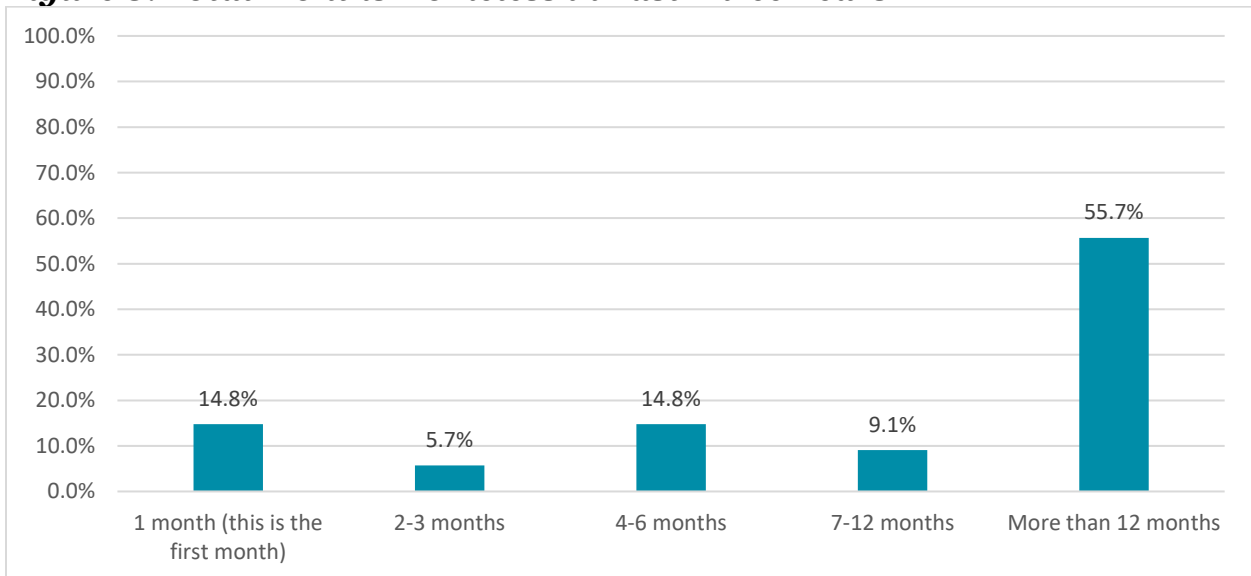
Figure 7. Times Homeless in Last Three Years



Note: $n = 89$.

Over half (55.7%) of clients being served have been homeless for more than a year within the last three years. In other words, most clients are experiencing homelessness as a long-term issue.

Figure 8. Total Months Homeless in Last Three Years



Note: $n = 88$.

Most of POLM’s clients came into the program from a homeless situation; either from an emergency shelter (40.4%), or from a place not meant for human habitation (29.4%), as illustrated in Table 3. Relatively few POLM clients were previously housed in an institutional situation.

Table 3. Living Situation at Entrance

Type	Item	Frequency	Percentage
Homeless Situation	Place not meant for habitation	32	29.4%
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	44	40.4%
Institutional Situation	Hospital or other residential non-psychiatric medical facility	1	0.9%
	Psychiatric hospital or other psychiatric facility	1	0.9%
	Substance abuse treatment facility	1	0.9%
Transitional and Permanent Housing Situation	Hotel or motel paid for without emergency voucher	3	2.8%
	Rental by client, no ongoing housing subsidy	20	18.3%
	Staying or living in a family member’s room, apartment or house	3	2.8%
	Staying or living in a friend’s room, apartment, or house	4	3.7%

Note: $n = 109$.

Length of stay in prior living situation are reported in Table 4. Most (52.8%) had been in this untenable living situation for at least three months. This indicates that for these individuals, this was a long-term situation.

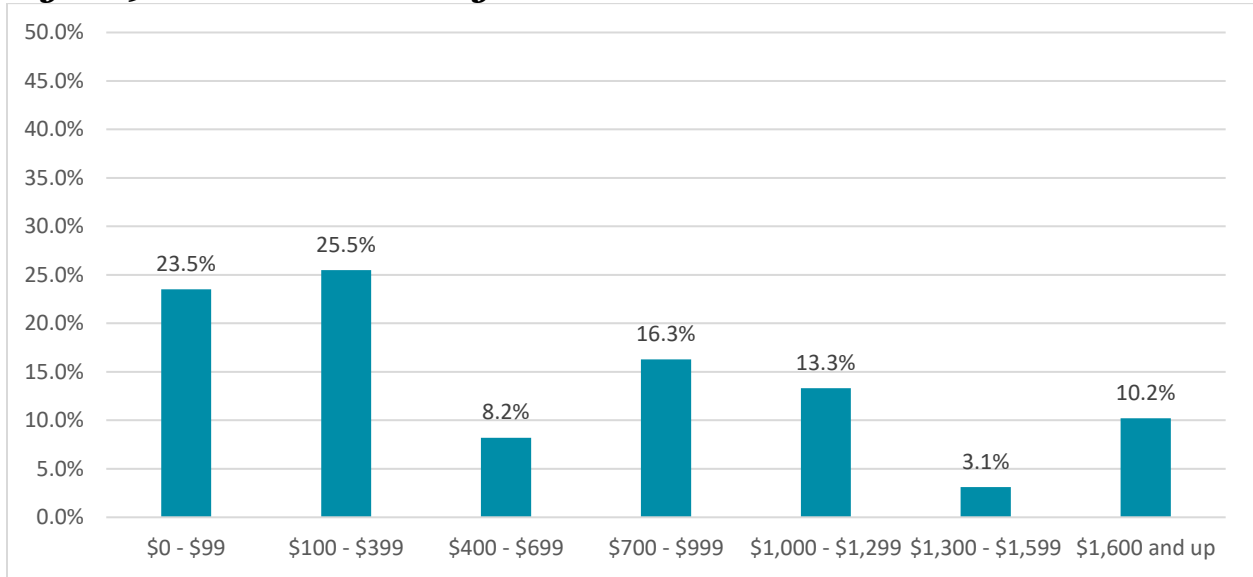
Table 4. Length of Stay in Prior Living Situation

Length of Stay	Frequency	Percentage
One night or less	6	5.6%
Two to six nights	10	9.3%
One week or more, but less than a month	12	11.1%
One month or more, but less than 90 days	23	21.3%
90 days or more, but less than one year	22	20.4%
One year or longer	35	32.4%

Note: $n = 108$.

Clients were asked to report on their monthly income upon intake. As illustrated in Figure 9, most clients (73.5%) had an individual monthly income of less than \$1,000. The average monthly income at entrance was \$647, with a median of \$466. The lowest amount was zero, and the highest monthly income was \$2,592.

Figure 9. Individual Monthly Income at Entrance

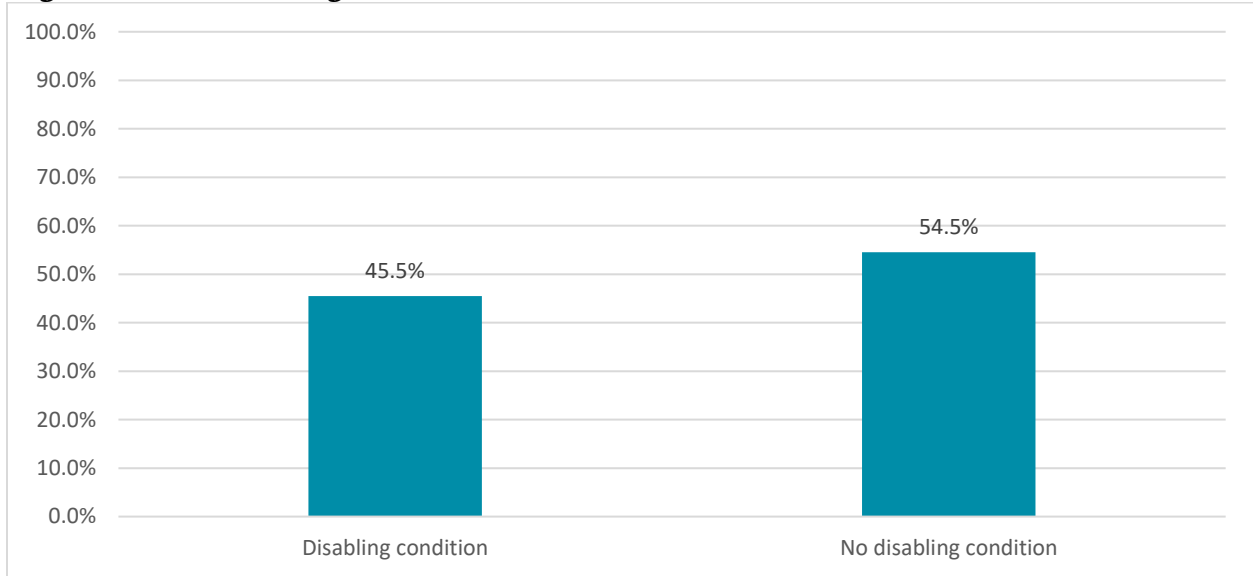


Note: $n = 98$.

Disability

A disabling condition refers to any type of disability (physical, mental, emotional, impairment caused by alcohol/drugs, developmental, HIV/AIDS, and veterans who are disabled). Slightly less than half of clients (45.5%) had a disabling condition upon entry into the program, as illustrated in Figure 10.

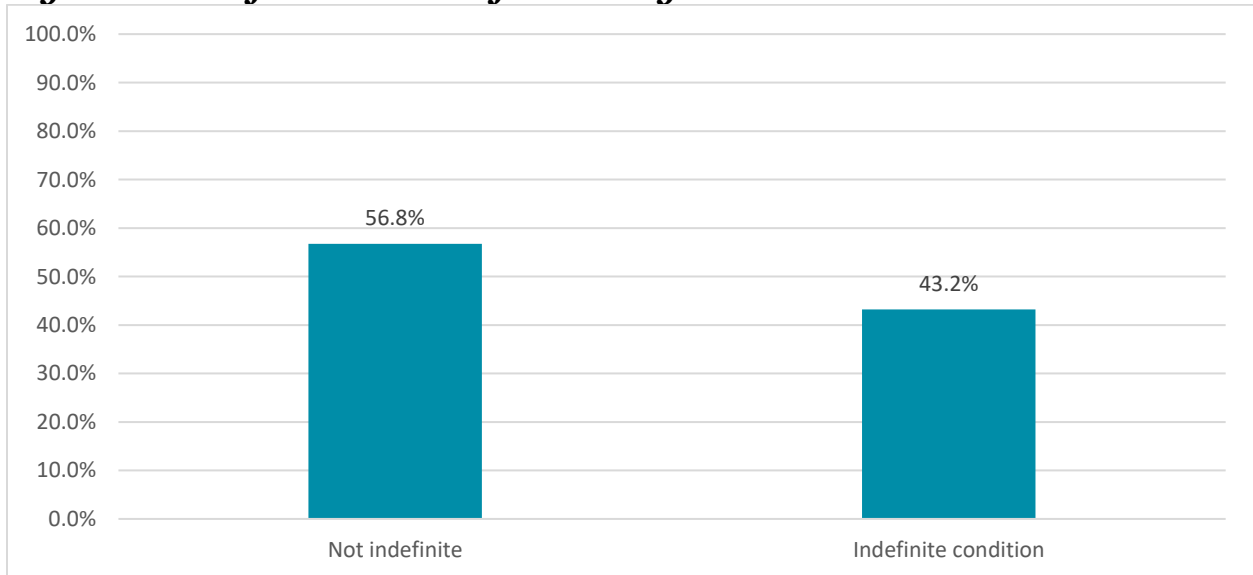
Figure 10. Disability Status



Note: $n = 156$.

Individuals with a disability condition were then asked if it was an indefinite condition (i.e., a condition that is expected to be long-term, indefinite). More than half (56.8%) are expected to be indefinite conditions, as illustrated in Figure 12.

Figure 11. Indefinite Nature of Disabling Condition

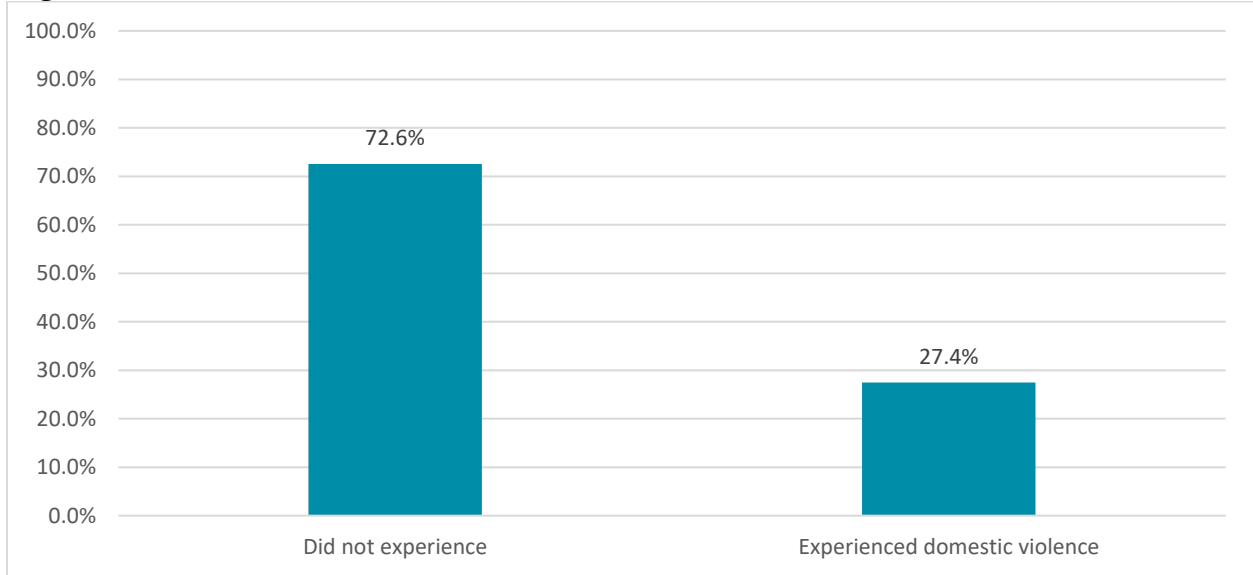


Note: $n = 37$.

Domestic Violence

More than a quarter (27.4%) of clients have experienced domestic violence at some point, as illustrated in Figure 12. This includes any domestic, dating, or sexual violence, stalking or other dangerous or life-threatening conditions against the individual or family members.

Figure 12. Domestic Violence



Note: $n = 113$.

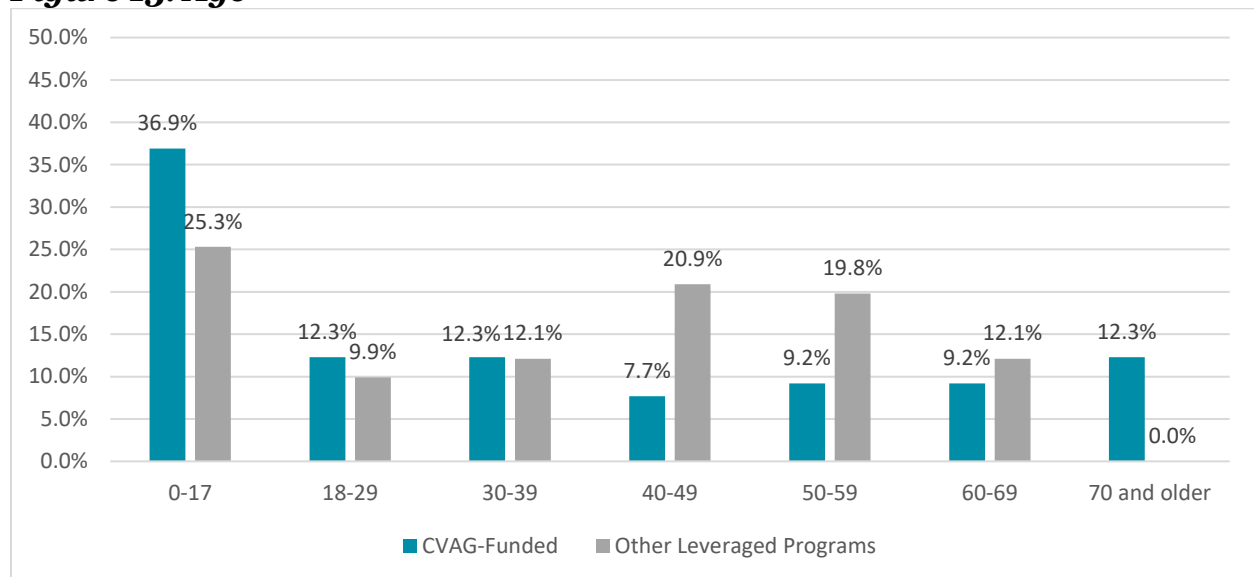
POLM Client Characteristics – Spotlight on CVAG-Funded Clients

As mentioned previously, CVAG is interested in all activities being conducted by POLM within the Coachella Valley, which include those activities funded by CVAG, and those funded through other sources (referenced throughout as “leveraged programs”). For this reason, POLM programs within the Valley are parsed from each other by funder (CVAG vs. other funders) in this section of the report. A total of 65 clients were served through CVAG funds, while 91 were served through other leveraged programs.

Demographics

Age groups are presented in Figure 13. For CVAG-funded programs, the average age was 33, with a median of 30. The youngest was zero (i.e., an infant) and the oldest was 94. For other leveraged programs, the average was 37.8, with a median of 42.6. The youngest was two years old, and oldest was 68.

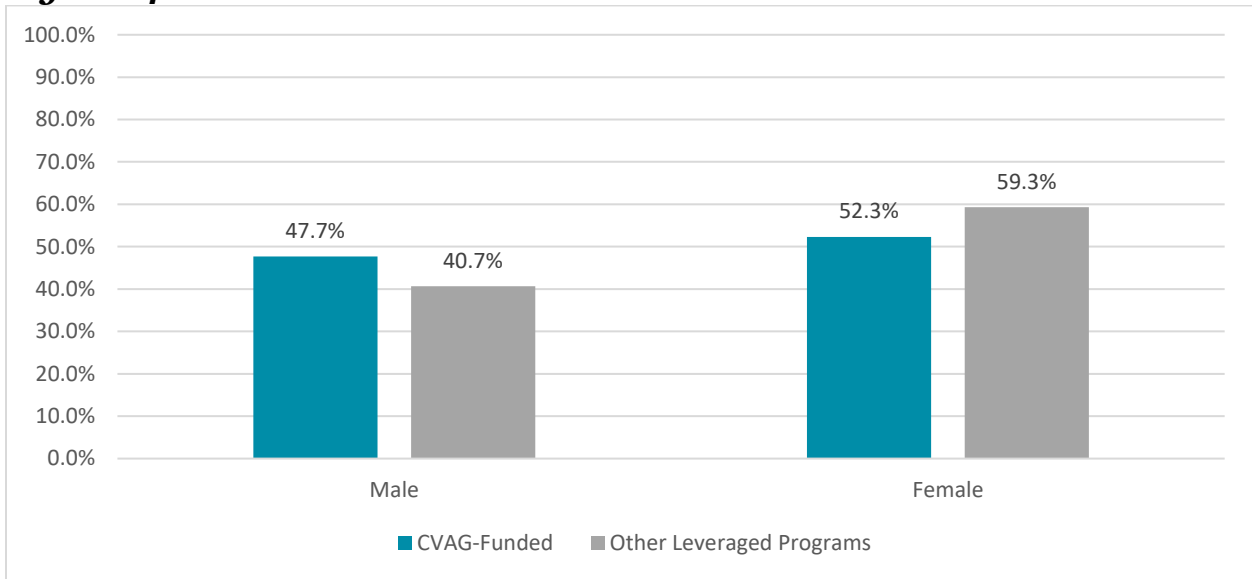
Figure 13. Age



Note: CVAG-funded $n = 65$, other leveraged programs $n = 91$.

Gender distributions are presented in Figure 14. Slightly more females (59.3%) are served by leveraged programs than in the CVAG-funded program.

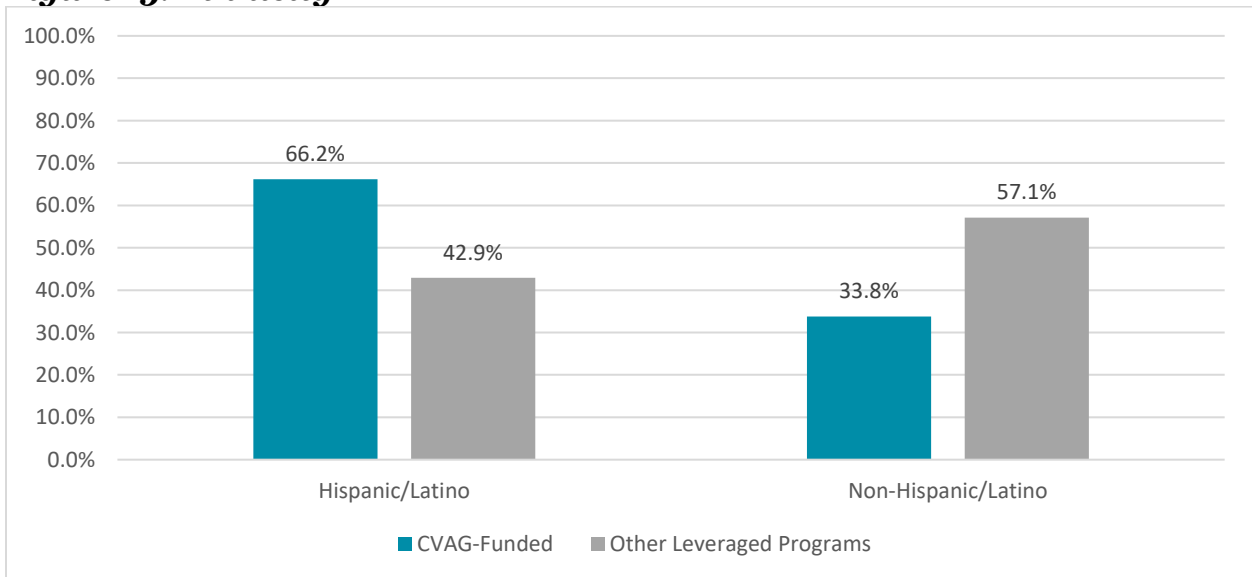
Figure 14. Gender



Note: CVAG-funded $n = 65$, other leveraged programs $n = 91$.

As illustrated in Figure 15, slightly more Hispanic/Latinos (66.2%) are served in the CVAG-funded program than in other leveraged programs.

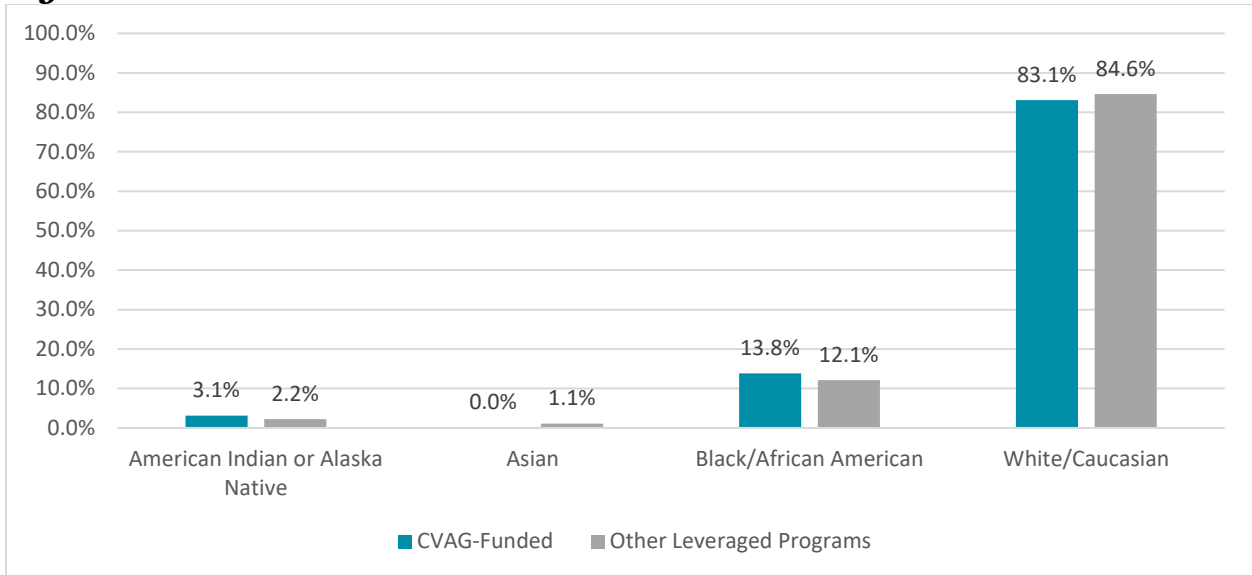
Figure 15. Ethnicity



Note: CVAG-funded $n = 65$, other leveraged programs $n = 91$.

Most clients identify as White/Caucasian in both programs, as illustrated in Figure 16.

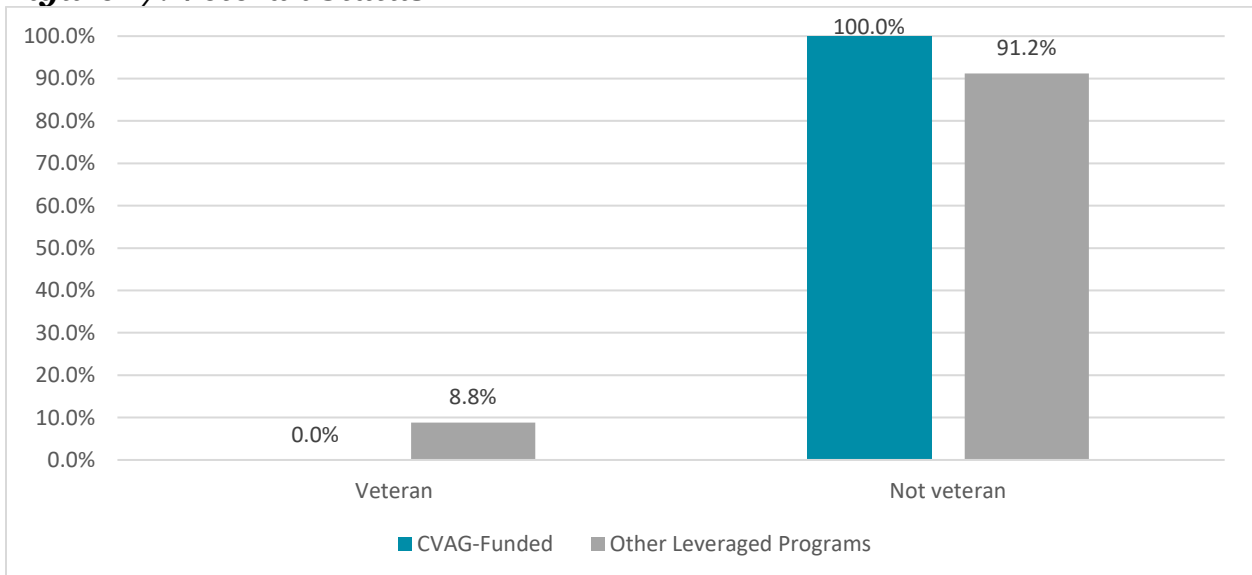
Figure 16. Race



Note: CVAG-funded $n = 65$, other leveraged programs $n = 91$.

All six veterans that are being served by POLM are being served in the other leveraged programs, not in the CVAG-funded program, as illustrated in Figure 17.

Figure 17. Veteran Status



Note: CVAG-funded $n = 41$, other leveraged programs $n = 68$.

Homelessness Situation Details

Zip codes in Table 5 represent the area in which POLM engaged the client and initiated service delivery.

The zip codes in which most services are being engaged include 92240 (Desert Hot Springs) and 92201 (Indio) for both CVAG-funded and other leveraged programs, respectively.

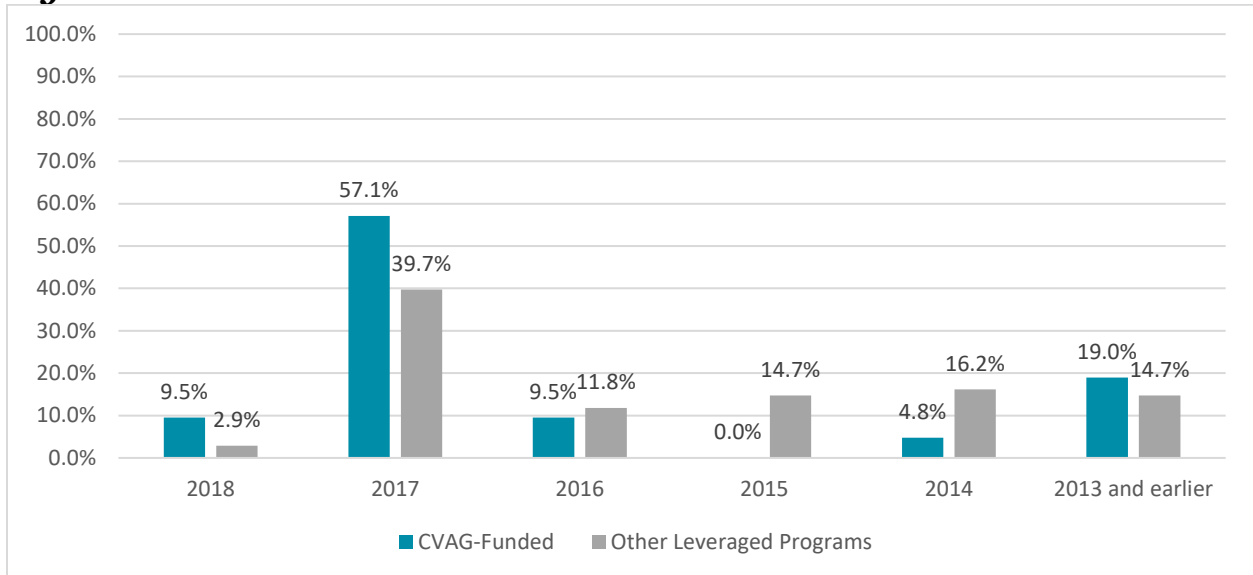
More than half (60%) of CVAG-funded programs are within the DHCD's boundaries, whereas 40% are outside of DHCD boundaries.

Table 5. Location of Service Initiation

Zip Code	CVAG-Funded		Other Leveraged Programs	
	Frequency	Percentage	Frequency	Percentage
92240	20	30.8%	2	2.2%
92201	13	20.0%	37	40.7%
92274	10	15.4%	-	-
92264	8	12.3%	6	6.6%
92263	4	6.2%	4	4.4%
92236	3	4.6%	4	4.4%
92262	3	4.6%	11	12.1%
92234	2	3.1%	-	-
92211	1	1.5%	4	4.4%
92270	1	1.5%	-	-
92202	-	-	2	2.2%
92210	-	-	1	1.1%
92235	-	-	10	11.0%
92253	-	-	1	1.1%
92254	-	-	1	1.1%
92258	-	-	3	3.3%
92260	-	-	5	5.5%

Figure 18 refers to the first date that clients being served experienced homelessness. Regardless of the funding source (CVAG-funded or via other leveraged programs), most clients first experienced homeless in 2017 or 2018, as illustrated in Figure 18.

Figure 18. Homeless Start Date

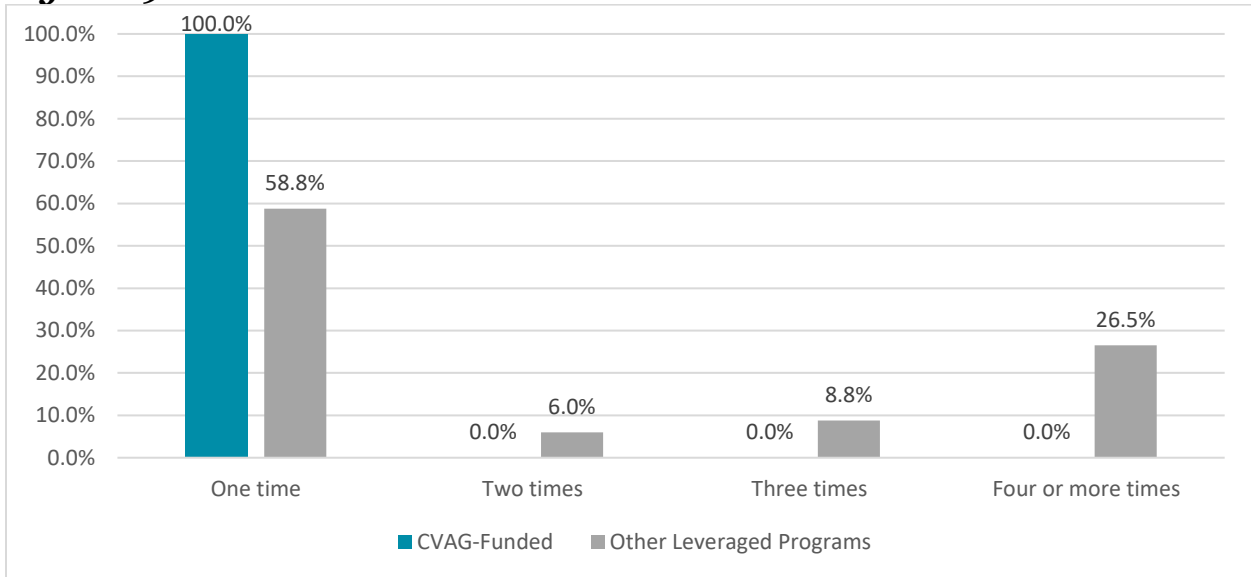


Note: CVAG-funded $n = 21$, other leveraged programs $n = 68$.

Figure 19 refers to the number of times clients have been homeless within the last three years. All clients served in CVAG-funded programs have been homeless once within the last three years (100.0%), whereas 41.2% of people in the other leveraged programs have been homeless multiple times in the last three years.

One reason for the difference between CVAG-funded and other leveraged programs is that many clients being served under CVAG funds are in the 'Homelessness Prevention Project'.

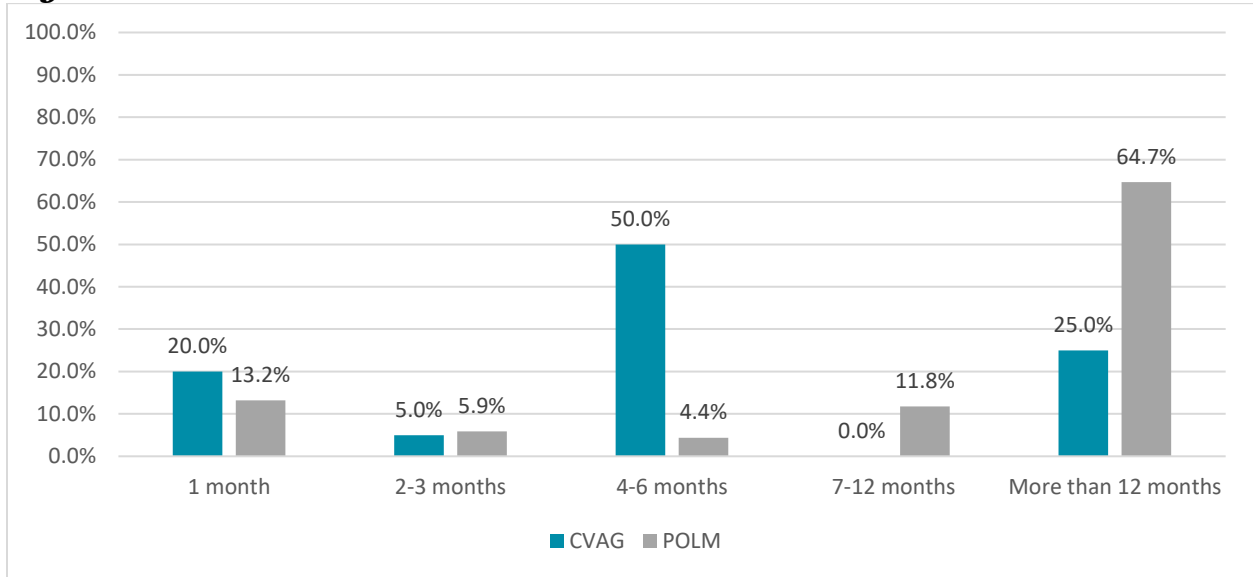
Figure 19. Times Homeless Last Three Years



Note: CVAG-funded $n = 21$, other leveraged programs $n = 68$.

Most clients being served under CVAG funds were homeless for four to six months (50.0%) within the last three years, as illustrated in Figure 20. In contrast, most clients served by other leveraged programs experienced more long-term homelessness; 64.7% have been homeless for more than 12 months of the last 36.

Figure 20. Total Months Homeless in Last Three Years



Note: CVAG-funded $n = 20$, other leveraged programs $n = 68$.

Most clients came to POLM from homeless situations, as illustrated in Table 6. About half of the CVAG-funded clients came from a rental situation, which is notably different than the clients in other leveraged programs.

Table 6. Living Situation at Entrance

Type	Specifics	CVAG-Funded		Other Leveraged Programs	
		n	%	n	%
Homeless Situation	Place not meant for habitation	9	22.0%	23	33.8%
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	12	29.3%	32	47.1%
Institutional Situation	Hospital or other residential non-psychiatric medical facility	-	-	1	1.5%
	Psychiatric hospital or other psychiatric facility	-	-	1	1.5%
	Substance abuse treatment facility	-	-	1	1.5%
Transitional and Permanent Housing Situation	Hotel or motel paid for without emergency voucher	-	-	3	4.4%
	Rental by client, no ongoing housing subsidy	20	48.8%	-	-
	Staying or living in a family member's room, apartment or house	-	-	3	4.4%
	Staying or living in a friend's room, apartment, or house	-	-	4	5.9%

About a third of clients had been in their untenable living situation for a year or more, as illustrated in Table 7. This holds true for both CVAG-funded clients and clients from other leveraged programs.

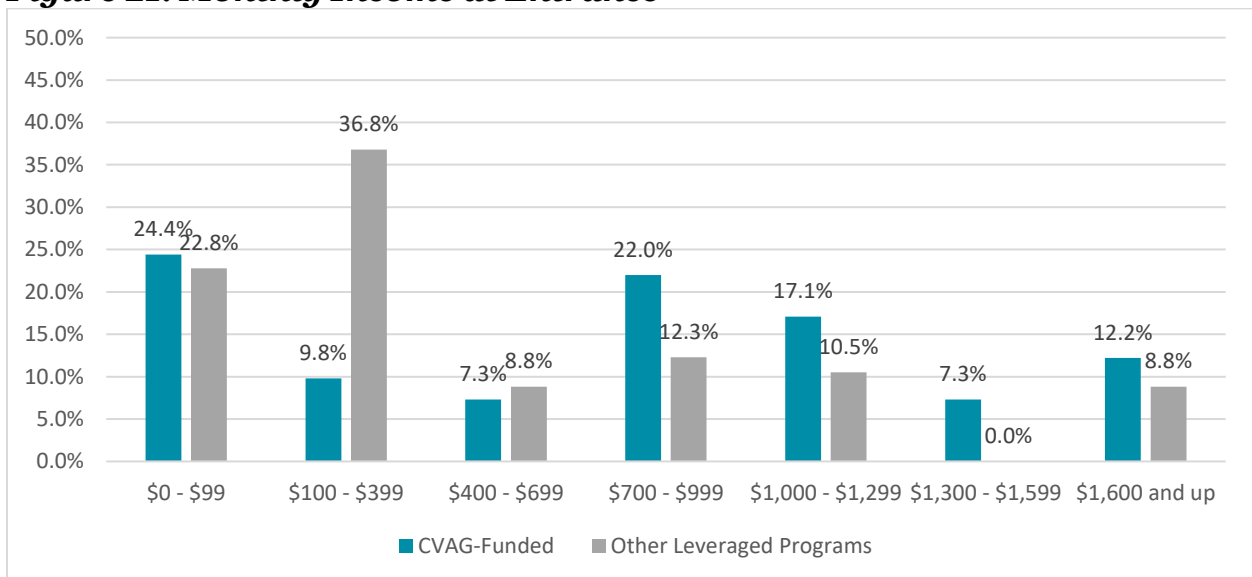
Table 7. Length of Stay in Prior Living Situation

Length of Stay	CVAG-Funded		Other Leveraged Programs	
	Frequency	Percentage	Frequency	Frequency
One night or less	6	8.8%	-	-
Two to six nights	8	11.8%	2	5.0%
One week or more, but less than a month	6	8.8%	6	15.0%
One month or more, but less than 90 days	13	19.1%	10	25.0%
90 days or more, but less than one year	13	19.1%	9	22.5%
One year or longer	22	32.4%	13	32.5%

Monthly income upon entrance is reported in Figure 21. For CVAG-funded clients, the average was \$819, with a median of \$911. The lowest was zero dollars and the maximum was \$2,390. For clients in other leveraged programs, the average monthly income upon entrance was \$524, with a median of \$194. The lowest amount was zero dollars and the maximum was \$2,592.

Those being served under CVAG funds are entering with slightly higher incomes, on average, compared to those being served in other leveraged programs. This is because many clients being served under CVAG funds are in the ‘Homelessness Prevention Project’.

Figure 21. Monthly Income at Entrance

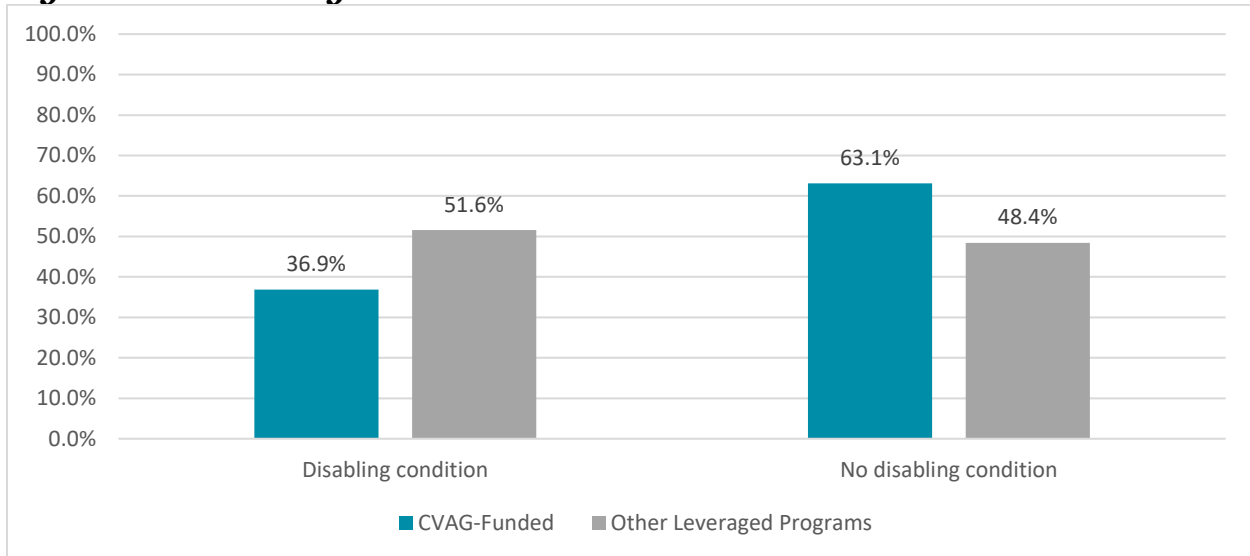


Note: CVAG-funded $n = 41$, other leveraged programs $n = 57$.

Disability

A disabling condition refers to any type of disability (physical, mental, emotional, impairment caused by alcohol/drugs, developmental, HIV/AIDS, and veterans who are disabled). As illustrated in Figure 22, about a third (36.9%) of those being served by CVAG funds have a disabling condition, while more than half (51.6%) of those being served by other leveraged programs have a disabling condition.

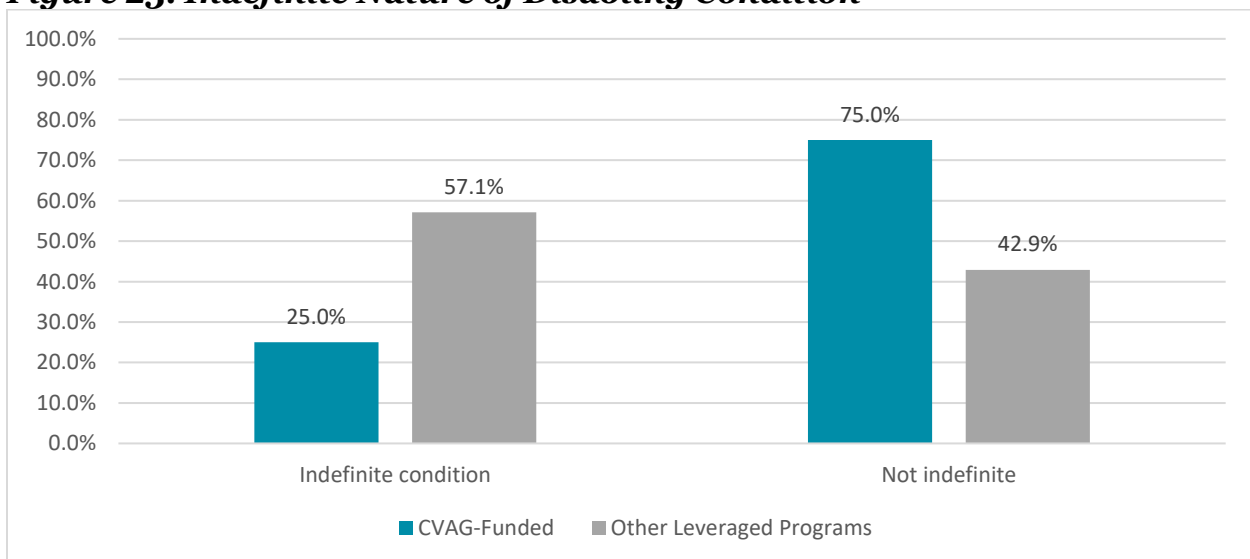
Figure 22. Disabling Condition Present



Note: CVAG $n = 65$, other leveraged programs $n = 91$.

Of those who have a disabling condition, a quarter (25.0%) of those being served by CVAG funds are expected to be in that situation indefinitely, as illustrated in Figure 23. The clients served by other leveraged programs are more likely to have an indefinite disabling condition (57.1%).

Figure 23. Indefinite Nature of Disabling Condition

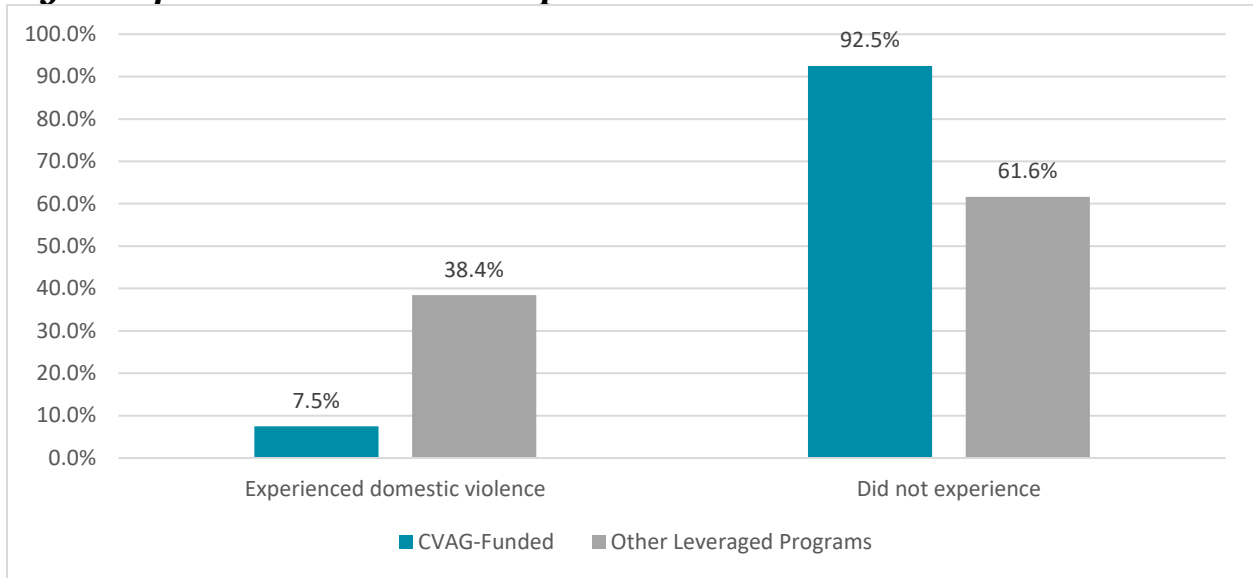


Note: CVAG-funded $n = 16$, other leveraged programs $n = 21$.

Domestic Violence

About 7.5% of those being served under CVAG funds experienced domestic violence at some point in their lives, as illustrated in Figure 24. This includes any domestic, dating, or sexual violence, stalking or other dangerous or life-threatening conditions against the individual or family members. This is substantially lower than clients from other leveraged programs; 38.4% of these clients have experience domestic violence.

Figure 24. Domestic Violence Experienced



Note: CVAG-funded $n = 40$, other leveraged programs $n = 73$.

Measuring Outputs Using Exit Survey Data

In addition to the preceding information about who POLM is serving (culled from the intake surveys), there is also a limited amount of information about the impact POLM has had on people who have gone through the program and completed an exit form.

Naturally, these numbers are far fewer than the number who have entered the program, as many are still receiving services from POLM currently and, as a result, have not completed their exit interviews yet. As such, this section describes the changes clients have made between intake and exit for those who have finished the program.

Subsequent reports will include far larger samples sizes for these issues, allowing for a better picture of impact. For now, however, these provide the first glimpse at POLM's impact on people within the CV Housing First program.

There were 56 clients who have gone through POLM's program so far; that is, they have both an intake and exit survey on file in HMIS. As illustrated in Table 8, thus far, clients spent an average of 58.8 days across CVAG-funded programs, and 199.1 days across other leveraged programs.

Table 8. Days Spent in Program

Funder	Program	Average	Median	Min/Max	n
CVAG	Emergency Shelter	66.3	83	7/85	8
	Homelessness Prevention Project	59.9	60	59/61	34
	Hotel/Motel Voucher	34	34	34/34	4
	Rapid Rehousing Project	-	-	-	-
	Average for all CVAG-Funded	58.8	60	7/85	46
Other Leveraged Programs	Year-Round Emergency Shelter	61.1	36.5	2/180	6
	Rapid Rehousing	-	-	-	-
	Rapid Rehousing East County	316	393	129/426	3
	Permanent Supportive Housing	676	676	676/676	1
	Average for all leveraged programs	199.1	117.5	2/676	10
Overall		83.8	60	2/676	56

Ideally, all clients exiting from the POLM programs would exit to a permanent destination. As illustrated in Table 9, the majority (82.6%) of clients being served under CVAG funds did indeed exit to a permanent destination. Numbers for other leveraged programs were low (only 10), which makes it difficult to draw any comparisons or conclusions. Two exited to a permanent destination, three to a temporary destination, and 5 to an “other” destination.

Table 9. Exit Destination

Type	Item	CVAG-Funded		Other Leveraged Programs	
		<i>n</i>	%	<i>n</i>	%
Permanent Destination	Permanent housing (other than RRH) for formerly homeless persons	1	2.2%	-	-
	Rental by client with RRH or equivalent subsidy	3	6.5%	-	-
	Rental by client, no ongoing housing subsidy	34	73.9%	-	-
	Staying or living with family, permanent tenure	-	-	2	20.0%
Temporary Destination	Jail, prison, juvenile detention facility	-	-	1	10.0%
	Hotel or motel paid for without emergency shelter voucher	-	-	1	10.0%
	Emergency shelter, including hotel or motel paid for with shelter voucher	8	17.4%	1	10.0%
Other	Deceased	-	-	1	10.0%
	No exit interview completed	-	-	4	40.0%
Total		46	100.0%	10	100.0%

Note: *n* = 56.

Of those who exited the program, under CVAG funds, all (100%) exited for completing the program, as illustrated in Table 10. Exit reasons for clients from other leveraged programs varied more.

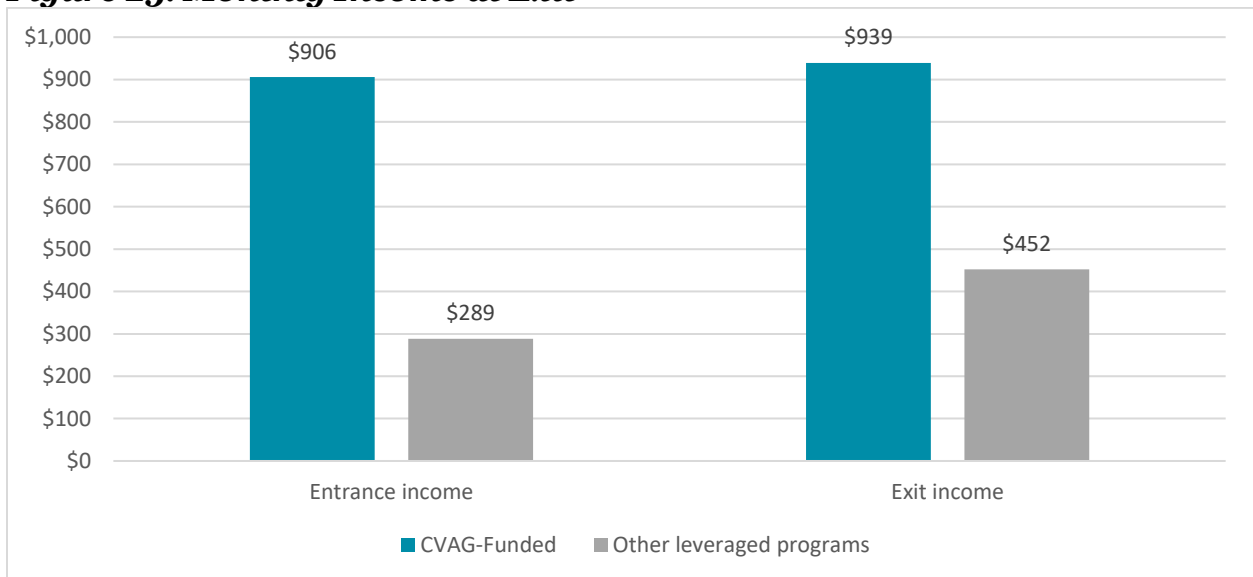
Table 10. Program Exit Reason

Reason	CVAG-Funded		Other Leveraged Programs	
	n	%	n	%
Completed program	38	100.0%	2	20.0%
Criminal action/property destruction	-	-	1	10.0%
Death	-	-	1	10.0%
Left for housing before completed	-	-	3	30.0%
Needs could not be met by project	-	-	2	20.0%
Unknown/disappeared	-	-	1	10.0%
Total	38	100.0%	10	100.0%

Note: n = 48.

Clients were asked to report their average monthly income (for an individual) upon both intake and exit. Figure 25 shows the average monthly income for all exiting clients. Overall, it seems that income increased slightly over the course of their time with POLM.

Figure 25. Monthly Income at Exit



Note: CVAG n = 25, POLM n = 5.

Conclusion

The report summarizes the demographics, as well as some limited entrance/exit information, of those being served by POLM, in the Coachella Valley, for the service date range of July 1st, 2017 to January 31st, 2018.

Thus far, most clients enter the POLM from a homeless situation (place not meant for human habitation, or emergency shelter) and are experiencing homelessness as a long-term issue (more than 12 months). Looking specifically at clients who have exited the program under CVAG-funds, the program seems to be quite effective as 82.6% exited to a permanent destination, and all because they completed the program as intended. Additionally, average income slightly increases among participants at exit.

A more comprehensive report will be created in June 2018 to demonstrate the impact POLM has had over time, which will provide more detail than this initial report. We hope that this next report will also be able to compare POLM outcomes to outcomes from Roy's Desert Resource Center HMIS data as well. This will help to determine not only if clients are exiting to permanent destinations, but also if the Housing First model being employed by CVAG funds results in more permanent destination outcomes compared to Roy's Desert Resource Center emergency shelter model.

It is important to mention here that HMIS is designed to measure qualification of clients into programs, and not necessarily improvement/impact, with the exception of performance indicators (e.g., permanent, temporary destination). For this reason, additional customized findings on other value be provided by POLM will also be delivered and will include areas such as frequency of medical usage, frequency of law enforcement contact, satisfaction with navigators, and frequency/usefulness of resources provided.